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TB CARE I

TB CARE I-Indonesia

**Year 1
Quarterly Report
October-December 2011**

January 30, 2012

Quarterly Overview

Reporting Country	Indonesia
Lead Partner	KNCV
Collaborating Partners	ATS, FHI, MSH, The Union, WHO
Date Report Sent	30/01/2012
From	MA Hamid Salim
To	USAID/Jakarta
Reporting Period	October-December 2011

Technical Areas	% Completion
1. Universal and Early Access	91%
2. Laboratories	93%
3. Infection Control	84%
4. PMDT	97%
5. TB/HIV	93%
6. Health Systems Strengthening	93%
7. M&E, OR and Surveillance	86%
8. Drug supply and management	66%
Overall work plan completion	88%

Most Significant Achievements

1. During this quarter, 341 MDR-TB suspects were examined, 71 confirmed as MDR-TB cases and 67 MDR-TB patients were put on treatment. Treatment support was provided to 296 new and existing patients within the quarter. Four new PMDT sites (Medan, Denpasar, Yogyakarta, and Bandung) were assessed and will be ready to start from first quarter of 2012. PMDT TWG met in Bogor to develop MDR-TB counseling and case management guidelines. A total of 46 participants from 4 provinces (West Java, North Sumatra, Bali and DIY) were trained for PMDT and they will be involved in provincial and referral hospital level.

2. A geneXpert implementation plan was drafted. Initially, the machines will be placed in 6 sites. Training was conducted for 5 sites (Microbiology FM UI, RS Persahabatan Jakarta, RS Pengayoman Cipinang Jakarta, RS Hasan Sadikin Bandung, BLK Bandung) and attended by NTP, BPPM, and TB CARE I. In total 22 staff were trained. In a coordination meeting attended by NTP, BPPM, TB CARE I and CGAT, GeneXpert algorithm for MDR TB and TB-HIV suspect and reporting and recording system was finalized. A geneXpert MoU between MoH and 6 GeneXpert sites was drafted for legal review.

3. Drug Management

Drug management stakeholder organizations for both public and private sector were mapped. New working partnerships were established with GF coordinator, PMU & USAID. Linkages to be used for partnering on upcoming activities were created with related programs especially relating to warehousing.

A meeting between Indonesian Pharmacist Association (IPA) and NTP was conducted. This meeting resulted in (1) agreement among IPA, NTP, and Binfar in TB control program, (2) an action plan for IPA regarding TB control program and (3) establishment of network among stakeholders.

Sampling method and amount of TB drugs that will be used in QA testing were defined. Drug sampling was done in 7 sites and will be tested by FDA in January 2012.

4. TB/HIV

TB CARE I provided clinical and programmatic mentoring to prisons, narcoticsprisons, and detention centers in DKI Jakarta, West Java, and East Java province. The mentoring conducted by FHI (in DKI Jakarta were supported by local NGO -Partisan), involved the Provincial Office of Law and Human Rights, head of the prisons and prison health staff. Clinical mentoring were also conducted in Central Java, West Papua and Papua, involved hospitals or health centers which are designated as referral hospital for prisons on those provinces.

5. The TB operational research book is finalized and will be published for World TB Day 2012.

6. An assessment was carried out in 2 provinces for PPM, identified challenges successfully for PPM implementation and stakeholders to be involved in top priority areas. This assessment results was fundamental to the development of PPM action plan and establishment of provincial PPM team as a basic management unit in provincial level.

Overall work plan implementation status

The completion progress of the APA1 work plan is 88%. Unfinished activities of APA1 will be carried forward to APA2 with an agreed budget.

Technical and administrative challenges

- PMDT and PPM implementation was hampered because several technical positions within TB CARE I partners are vacant. Due to limited application for some specific positions, several efforts to speed up the recruitment process have been made, i.e. by involving personal contacts, partners/NGO network, advertisement in media, etc. Timeline, deadline and targets were set for human resource issues, including hiring an experienced HR specialist.

- The development of the APA2 work plan and budget was very challenging - especially to coordinate with all partners in the absence of certain key project staffs. More frequent partnership meeting, leadership and communication improvement between partners and country mission were essential to address the challenges and all lesson learnt will be incorporated during APA3 development.

Quarterly Technical Outcome Report

	2010*	2011**
Number of MDR cases diagnosed	182	326
Number of MDR cases put on treatment	142	238
* January - December 2010 ** January - December 2011		

Technical Area		1. Universal and Early Access						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1	Reaching Risk Populations	Prisons implementing routine TB screening to all new inmates	Proportion of prison with routine screening among new inmates implemented divided by all prisons supported by TB CARE	N/A	5 of 55	10/55	This quarter, as many as 7,672 inmates were screened for TB among 14,000 of inmates in the 10 prisons involved in TB symptom screening during the last 5 months. During July-September, 6,300 inmates were screened. Number of identified TB suspect: 612. Thirty-five were confirmed TB and put on treatment. This is a prevalence of 456/100,000 (35/7,672) which is high.	Challenge for the future is to maintain motivation of prison staff including inmates and volunteers to conduct routine screening for new and old inmates after the total of all inmates are screened. Next steps: - Advocate for routine screening for all inmates addressed in the National TB Control Strategy in the Prison that is being developed. - Emphasizing routine screening through mentoring and advocacy on sites
2	Engaging local communities	HIV+ persons screened for TB	Proportion of PLHIV screened for TB among HIV+ attended cases in supported provinces	60%	60%	83%		The result exceeded the target. However, many clinicians still did not record the screening they performed to PLHIV even though they screened them. We need to improve the recording through mentoring, and increase the level of TB screening among PLHIV.
3	Engaging all provider	Hospitals and lung clinics implementing DOTS	Proportion of hospitals and lung clinics implementing DOTS in TB CARE supported areas	113/293 (KNCV) 6/18 (ATS)	118/293 18/60	113/293 (KNCV)	Technical assistance to hospitals, in house training for 2 hospitals, technical supervision visit, coordination with health office.	NTP policy suggested to focus on systems strengthening to engage TB providers using a regulation-based approach. DOTS implementation accreditation should be finalized first before starting DOTS expansion to new hospitals. Policy and regulation were completed in APA1. Regulation will be implemented in APA2.

Technical Area		2. Laboratories						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1	Strengthened lab network and QA for smear microscopy labs	Quality assured laboratories for SS microscopy	Proportion of laboratories which participate in external quality assurance (cross-check and panel testing) for smear microscopy examination in TB CARE supported areas	N/A	60%	70%*	TBCARE I supported QA activity for 7 new provincial labs and 3 intermediate labs. Seven provincial laboratories have passed panel testing.	These labs will act as referral lab for their respective provinces. Each lab will start their role in EQA for direct smear microscopy.

2	Strengthened lab network and QA for culture and DST	C/DST quality assured labs	Number of reference laboratories that are quality assured by SNRL for culture, and DST	5	5	5	5 labs have reached international performance and certified for 1st line DST by the end of 2010 and 2 line DST.	Next step is to continue the quality assurance process for 5 existing and 3 new culture and DST lab
3	New diagnostic tools implemented and integrated into lab network	New diagnostic tools implementation	Number of health facilities implement the new diagnostic tools: GeneXpert; at least one in PMDT site	0	13	2	Two PMDT sites use Hain test to support MDR-TB diagnosis. 17 GeneXpert machines were procured and now are being distributed to 6 sites.	- GeneXpert implementation plan was drafted. Initially, the machines were planned to be placed in 5 sites, but later, the machines are planned to be placed in 6 sites. Training was conducted for 5 sites. In a coordination meeting, the GeneXpert algorithm for MDR TB and TB-HIV suspects and the reporting and recording system was finalized. GeneXpert MoU between MoH and 6 GeneXpert sites was drafted for legal review.

Technical Area 3. Infection Control								
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1	Improved TB-IC in PMDT sites	PMDT sites with QA assured TBIC	Number of PMDT sites where TB infection control assessment was completed and a plan was implemented according to international standards	2	5	5	All PMDT hospitals have quality controlled TB-IC	Disseminate TB-IC guidelines for health facilities, update TB-IC guidelines for prison, update TB-IC detailed engineering design for healthcare facilities
2	Improved TB-IC in specific settings	Prisons with TB-IC implemented	Proportion of prisons where TB infection control assessment has been completed and a plan has been implemented according to international standards	N/A	5 of 55	0 of 55	Implementation of TB-IC in prison is still limited.	TB-IC assessment tools for the prison are not yet finalized. Next step is to speed up the finalization of the draft and conduct the assessments, and assist in the development of the HF-IC plans and their implementation.
3	Improved TB-IC Implementation	Health facility with TB-IC implemented	Number of health facilities (hospitals and PHCs) implementing minimal TB-IC package	7	10	26	TB-IC full package has been implemented in 4 PMDT hospitals with TB-HIV care, 1 PMDT hospital and 13 PMDT health centers and 8 hospitals with TB-HIV care.	Four new PMDT hospitals (Adam Malik, Hasan Sadikin, Sardjito, Sanglah) and 8 health centers in Surabaya and Jakarta will implement PMDT. Implementation of TB-IC in these sites will be supported.

Technical Area		4. PMDT						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1	Diagnostic (Lab)	Number of MDR-TB suspects tested by DST	Number of MDR-TB suspects tested by DST among number of MDR TB suspects (should be in absolute number)	300	2100	1931	Scale up plan to 4 new PMDT sites in APA1 was postponed by NTP, therefore the target could not be achieved. Among 1931 MDR-TB suspects tested with DST, 542 were confirmed MDR-TB.	Next step is to scale up implementation in 4 new sites. Nine PMDT sites (4 from APA1 and 5 from APA2) will be established in APA2. E-TB Manager will be implemented in all PMDT sites in APA2.
2	Treatment (scale up plan)	Number of MDR-TB received for treatment	Number of MDR-TB patients received for SLDs treatment among identified MDR-TB patients by DST (should be in absolute number)	100	700	410	Only 410 cases were put on treatment. Among 542 confirmed MDR-TB cases, 17 cases were still in pre-enrollment phase while 51 died before enrollment.	The reasons for low enrollment are high refusal rate and patients dying before lab result.

Technical Area		5. TB/HIV						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1	Strengthening TB/HIV collaborative mechanism	TWG in provincial level is available	Number of TWG established at provincial level; at least once a year and documentation submitted	1	2	8	TWG meeting for year 1 have already been conducted as per Sep 30, 2011.	The result exceeding the target, however, there are challenges for the future, which are: how to keep the TWGs established functional, and for these TWGs to have the routinely updated joint plan, and to have their own local budget for the coordination activities.
2	Decreased TB burden among PLHIV	TB treatment among PLHIV with TB	Number of PLHIV treated for TB among all PLHIV enrolled in HIV care (in absolute number)	30%	30%	94%	Number of PLHIV treated for TB was 113, number of PLHIV attended was 1374 and number of PLHIV diagnosed with TB was 120.	Next step are technical assistance, monitoring and evaluation. Challenges include quality assurance and quality improvement, and advocacy to program managers and policy makers regarding the need of HIV test reagents.
3	Decreased HIV burden among TB patients	TB patient with HIV co-infection received CPT	Percentage of all registered TB patients who are tested for HIV in TB CARE supported areas	6%	10%	75%/9%	Number of registered TB patient was 2750. Number of registered TB patient tested for HIV was 260. TB patient with HIV+ was 105. While TB patient with HIV+ who received CPT was 79.	Next step is to provide mentoring and supervision to facilities that have been trained












Technical Area		6. Health Systems Strengthening						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1	Increased Political commitment	Government funding for TB	Number of districts showing an increase in TB funding compared to previous year	N/A	20	32*	An increase in TB funding is an impact of ACDA training funded by TB CAP. The number is the minimum number of districts that show increasing funding from the previous year. These data were only collected from 3 provinces (East Java, Central Java and DKI Jakarta)	There are limited data on TB specific funding at district and also provincial level. Information is being collected and initial design is being developed to help measure this indicator.
2	Strengthened leadership and management	Districts with staffs trained in leadership and management	Number of districts trained in leadership and programme management	N/A	8	0	No activity	Leadership and programmatic trainings are planned to carried out in APA2
3	Strengthened HR Capacity	Provinces with Provincial Training Plan	Percentage of provinces with provincial training plan on TB related issues (DOTS, PDMT, TB-HIV, surveillance etc) from all sources of funding	N/A	10%	88%	29 of 33 provinces already have a training plan for 2012.	The challenge is to implement, given the limited number of facilitators and budget (either local or donor)

Technical Area		7. M&E, OR and Surveillance						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1	M and E	National TB CARE money meeting conducted	Number of National TB CARE money meeting conducted	2	2	2	Two money meetings were conducted in APA1 simultaneously with NTP money meeting.	Next money meeting will be conducted in January 2012
2	Surveillance and Information	- DRS plan finalized - TB Prevalence Surveys protocol finalized	- National DRS plan (with sentinel sites, sampling size/ methodology of new cases etc) and specific protocol for each site - National Protocol of TB Prevalence Surveys finalized (with sampling methodology and size, screening strategy, preparation plan etc)	N/A	No	Yes	National sentinel DRS plan has been finalized. TA was given to develop TB/HIV variables for health facilities involved in the TB prevalence survey.	National sentinel DRS will start in January 2012 with funding from GF.
3	Strengthening TB research network	Provincial OR teams trained	Number of provincial OR team participated in OR workshop and conducting operational research	24	27	29	Five provincial OR teams participated in an OR workshop in Q4. Contract signing and budget revision for carrying out the research are being done.	Researches will begin in February 2012. More OR will be conducted in APA2 to support NTP especially in areas of PMDT implementation, TB/HIV, and utilization of new technology in TB diagnosis.
4	Supported operational research projects in the priority topics	Prioritized operational research conducted	Number of studies done and published or presented at international conferences	35	40	40	Five publications this year added up a total number of 40 studies conducted in APA 1.	

Technical Area		8. Drug supply and management						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1	Uninterrupted supply of quality TB drugs and commodities	Drug supply	Proportion of districts reporting no stock-out of first-line anti-TB drugs (category 1, category 2 and pediatric) on the last day of each quarter in supported TB CARE area	75%	100%	91%	There was an increase in national budget for drug supply by as much as 70% since the previous year that improved the drug supply status.	Next step in APA2 is to revise national level storage arrangements and improve recording and reporting systems in drug management to ensure nationwide uninterrupted drug supply.
2	Improved DMIS	Drug management capacity	Proportion of districts with staff trained in logistic management (including DMIS) in supported TB CARE area	62%	70%	64%	Districts trained in logistics management are from Aceh, North Sumatra, West Sumatra DKI Jakarta, Central Java, East Java, and South Sulawesi Province.	Next step in APA2 is to secure agreement for drug management plan including capacity building program to support NTP in managing workload of drug management.

Quarterly Activity Plan Report





Outcomes	1. Universal and Early Access		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
Reaching Risk Populations	1.1.1	Improve DOTS in 4 low performance provinces	WHO	39,550	100%	Nov	2011	Implemented for salary and travel for existing National Consultants during NCE.
	1.1.2	Socialization visits to provinces and districts with low performance.	WHO	17,207	100%	Sep	2011	It is a follow-up of advocacy meeting implemented two weeks before where the HCs and NGOs develop the potential for collaboration between HC to find more TB suspects and cases which participated by 34 persons from parliaments member, district and province planning board, welfare staff from province and district local government, health officers from both districts and province, and NGOs representatives as well. The local government get more understanding of TB problems and promised to support the collaboration through more communication and budget.
	1.1.3	MIFA trainings and follow up supervision.	WHO	42,375	50%	Sep	2011	Basically MIFA aims at enhancing the capacity of the province/districts and health facilities staff to make use of the existing data, process, present, analyze and interpret the info for actual actions. The complete implementation will be soon finalized with the adaptation of the existing modules, after the module/training materials are available in the province.
	1.1.4	Internal TA for Universal Access activities	WHO	39,293	100%	Sep	2011	National Consultant based in Kupang was in place.
	1.1.5	General Office Expenditures	WHO	79,870	100%	Sep	2011	GOE implemented.
	1.1.6	Technical Expert for providing comprehensive technical assistance to provinces and districts in 4 low performance provinces.	WHO	38,138	50%	Sep	2011	Medical Officer (TIP) was in place.
	1.1.7	Support DOTS expansion in underserved areas	KNCV	64,134	100%	Sep	2011	Supervision to several public health centers and 7 hospitals in Papua and Papua Barat in October 2010-September 2011 by 3 TO (2 from Papua Barat and 1 from Papua)
	1.1.8	Coordination meeting of TB-HIV program in prisons	FHI	3,387	100%	Jun	2011	-TB CARE supported the coordination meeting of TB-HIV program in prisons, attended by 21 participants from MoLHR, NTP, NAP and FHI. The results were to select 10 prisons with already conducted TB and HIV program in place (including 7 model prisons partly supported by HIV Cooperation Program for Indonesia - HCPI), use inmate leaders, peer educators and support group to help the program being delivered to inmates; need coordination meeting for mapping each partner contribution in prison to avoid overlap between one and another. -2 Xpert units will be placed in prison system to help detect TB in HIV positive inmates, one in Pengayoman hospital in Cipinang, Jakarta and one in Cilacap hospital for prisons in Cilacap
	1.1.9	Socialization of TB-HIV program in prisons	FHI	33,326	100%	Jul	2011	This advocacy meeting was held on 6 July 2011, attended by 76 participants from FHI, MoLHR, NAP, NTP, Provincial Law and Human Rights, Provincial Parole Office, Provincial Health Office and Prisons/Detention center Health staffs (DKI Jakarta, West, Central and East Java). The objectives of the meeting were to familiarize stakeholders on TB-HIV issues as well as to get support and commitment for the program
	1.1.10	TB-HIV Officer - Prisons	FHI	17,543	100%	Sep	2011	TB-HIV officer was hired in April 2011 and stationed in FHI Country Office
	1.1.11	Workshop on TB-HIV IEC material for prisons	FHI	1,863	100%	Jun	2011	Discussion was held in focus group discussion method with prison staff and inmates. Number of participants: 55 people divided into 2 discussion groups. Discussion result: smaller size brochure so it will easier to carry, bright colour including green-yellow-orange, pictures using model so it will virtually feel real, easy to read font and understandable language for non medical or low education inmates
	1.1.13	Sub-agreement with TB NGOs	FHI	29,423	35%	Sep	2011	The sub-agreement was signed by Aisyah in December 2011. The series of activities, i.e. training for cadres, coordination with PHO, DHO, and health centers and education to and referring TB suspects/patients for HIV testing to the health centers) will be conducted in upcoming quarters
	1.1.14	Program Manager and supporting staff	FHI	92,820	100%	Sep	2011	Done. Program Manager title was changed to Senior TB-HIV Officer in order to be in line with with FHI structure. The person was hired in August 2011
	1.1.15	General Office Expenditures	FHI	41,788	100%	Sep	2011	Done. The activity is for Office rent, communication, utilities, computers









Engaging local communities	1.2.1	Advocate existing NGOs to expand community based DOTS and provide technical assistance.	WHO	10,273	 100%	Sep	2011	The activity is intended to develop a collaboration of HCs and NGOs who is now developing CBA in the community (GF funded) based on the identification of villages (incl its problems and constraints) with low case detection performances then focus their collaboration to those villages. The HCs involved should has the capacity to diagnose and treat as per guideline. This collaboration needs further support from each party at higher levels (advocacy meeting). The participants of the meeting were 32 persons from selected HCs, district health staff from TTS and Kupang, NGOs from both districts and supports from related health staff and NGOs from the province.
	1.2.3	Finalizing IEC material for prison	FHI	1,815	 100%	Aug	2011	Meeting to finalize the IEC material for prison was conducted in 30 September 2011. There were 18 participants consisted of NTP, NAP, MoLHR, and health staffs from Cipinang, and Salemba prisons. The IEC was finalized and waiting for final approval from MoLHR. MoLHR also requested other means of IEC materials, such as video, standing banners and posters.
	1.2.4	Printing IEC material	FHI	1,500	 100%	Oct	2011	IEC materials: posters and leaflets regarding TB-HIV and cough etiquette were printed and are being distributed to the 10 prisons.
	1.2.5	Clinical mentoring & program monitoring to 10 prisons	FHI	4,500	 50%	Sep	2011	DKI: FHI provided clinical and program mentoring to Salemba Prison, cipinang detention center, Cipinang Narcotic, and Cipinang Prison. The mentoring involved Provincial Office of LHR and attended by head of the prisons, prisons health staffs, Partisan and FHI. Issues to be followed up are coordination with PHO/DHO regarding logistics (HIV rapid test, OAT, forms, sputum pot) and network to other health centers for sputum examination. West Java: FHI provided clinical and program mentoring with Provincial Office of LHR and PHO to 3 prisons (Paledang, Bekasi and Gintung Cirebon). Clinical mentoring were also conducted to the referral hospitals of these prisons which are: RSUD Bekasi, RSUD Arjawinangun and RS. Marzoeqi Mahdi. Mentoring on laboratorium was also conducted in Bekasi prison to follow up on the result of sputum microscopy which were reported all negative despite the obvious TB symptoms, and many indeterminate results from HIV testing. Result: the procedure for sputum microscopy already corrected, including improvement needed in the sputum collection process. For the HIV testing, the procedure was already corrected. It was suggested to keep the sample and will be cross-checked by FHI. (Mentoring activity for prison in East Java, please see Activity 5.1.8)
	1.2.6	Sub-agreement with local NGO for work on TB & HIV in prisons in Jakarta	FHI	36,284	 100%	Sep	2011	Partisan was the NGO selected to work in the prison. The subagreement was signed on 25 July 2011, and Partisan started to work on TB & HIV screening, training for inmates volunteer, Pre-release and after care program, and facilitating support group
	1.2.7	Implementation TB & HIV in 10 prisons in Java	FHI	32,355	 50%	Sep	2011	East Java: FHI collaborated with Provincial Office of LHR conducted workshop in their office for "parole officers" as the follow up of the previous meeting which identified the challenges in the treatment follow up and referral for the inmates after release should be overcome, and parole officers may have a significant role. The workshop was aimed to provide information regarding TB-HIV and to involve parole officers in the treatment follow up of inmates who are conditionally released. Participants were 6 F 49 M. Central Java: FHI supported TB-HIV activities implementation in Pekalongan Prison. There were 4 activities conducted: 1) Group discussion about TB, 20 participants 2) Coordination Meeting with networks and HCPI, as conducted on Nov 16, 2011, with 25 participant from Parole Office, HCPI, Staff Dinkes, and prison staffs 3) Pre-Release plans for 10 inmates and 4) Education on TB-HIV with 50 participants West Java: FHI supported TB-HIV activities implementation in Paledang, Bekasi and Gintung prisons. The activities were: training, orientation, FGD, pre-release, support group and meeting coordination. Post release activities were conducted in Cirebon Parole Office with 20 inmates who were released and conditionally released and in Bogor Parole Office with 40 inmates. A coordination meeting between Cirebon Prison and Parole Office to discuss pre & post release system was also conducted in December 2011, along with TB HIV socialization
	1.2.8	TB/HIV workshop for prison health staffs	FHI	15,714	 100%	Aug	2011	This activity was merged with PTC training for prison health staffs and training on recording and reporting system for 10 prisons. The workshop was held on July 17 2011, number of participants were 46 from NTP, NAP, Directorate Health and Care MoLHR, Doctors and Nurses from 10 selected prisons (Lowokwaru, Madiun, Paledang, Bekasi, Gintung, Prison Level IIA Pekalongan, Salemba prison, Cipinang prison, cipinang detention center, Cipinang Narcotic). Result: plan of actions from 10 prisons.
	1.2.9	PITC training for prison health staffs	FHI	22,290	 100%	Aug	2011	The was held in Juli 17 2011, number of participants were 46 from NTP, NAP, Directorate Health and Care MoLHR, Doctors and Nurses from 10 selected prisons (Lowokwaru, Madiun, Paledang, Bekasi, Gintung, Prison Level IIA Pekalongan, Salemba prison, Cipinang prison, cipinang detention center, Cipinang Narcotic). Result: plan of actions from 10 prisons.
	1.2.10	Training on Recording & reporting system for 10 prisons	FHI	14,962	 100%	Aug	2011	The was held in Juli 17 2011, number of participants were 46 from NTP, NAP, Directorate Health and Care MoLHR, Doctors and Nurses from 10 selected prisons. Follow up: Needs mentoring and monitoring of the activity.
	1.2.11	Consultant for IEC material	FHI	4,472	 100%	Sep	2011	Consultant was hired in August 2011 and worked until September 2011.
	1.2.12	Technical officers	FHI	121,253	 100%	Sep	2011	Done. This activity is for salaries and travel for 1 national clinical service officer and 3 provincial clinical service officers

	1.2.13	General Office Expenditures	FHI	54,078	100%	Sep	2011	Done. This activities are for Office rent, communication, utilities, computers,etc
Engaging all provider	1.3.1	Training of supervisory skills to HDL supervisors.	WHO	33,772	Postponed	Mar	2012	Planned to be carried out in first quarter of 2012 and to be adjusted with NTP's schedule.
	1.3.2	Quarterly periodic visit by HDL supervisors to assist hospitals deliver quality services.	WHO	4,494	Postponed	Mar	2012	Planned to be carried out in first-second quarter of 2012 and to be adjusted with NTP's schedule.
	1.3.3	Develop National PPM action plan	KNCV	50,182	100%	Mar	2011	The PPM action plan has been included in National TB Strategy and launched on World TB Day , 24 March 2011.
	1.3.4	Develop National PPM working group	KNCV	4,547	25%	Sep	2011	The working group has not yet been established but an agreement on the national PPM working group has been established through a meeting that was held in July 2011. The meeting was attended by NTP, BUK, professional organizations, NGO, insurance, and MoLHR.
	1.3.5	Preliminary assessment of PPM in two provinces	KNCV	7,750	100%	Aug	2011	Preliminary assessment of PPM consists of 3 steps, i.e. PPM socialization, assessment and assessment result socialization. For DKI Jakarta Province, this activity was completed in October 2011. For West Java, this activity was completed in September 2011. The results were: 1) Establishment of West Java PPM team, 2) Four districts were selected to be the pilot sites of PPM implementation in West Java, 3) Plan to develop SMS-based TB monitoring and socialization systems in 4 districts.
	1.3.6	Coordination meeting to prepare the implementation of PPM	KNCV	7,125	100%	Sep	2011	A coordination meeting was held in August 2011 in Jakarta. The meeting was attended by NTP, BUK, professional organizations, NGO, insurance company, and MoLHR. The result was an agreement on the PPM implementation.
	1.3.10	HDL/PPM working group meeting	KNCV	3,463	100%	May	2011	TB CARE I facilitated the coordination meeting for national level between NTP and Medical Services, MoH. The purpose of the meeting are : - to have same understanding and perception - develop draft PPM working group - develop workplan up to September 2011 The same meeting was also conducted in province level in DKI and West Java Province as pilot areas of PPM
	1.3.11	Support maintenance and expansion of hospital DOTS	KNCV	20,711	75%	Sep	2011	Support includes technical assistance to hospitals, in house training for 2 hospitals, technical supervision visit in coordination with health office. Among the 88 targeted hospitals, only 54 were given support because of lacking in TO.
	1.3.12	Develop PPM assessment tools	KNCV	19,305	100%	Sep	2011	Assessment tools have been developed and tested. These tool were used to assess PPM in DKI Jakarta province (4 districts) and West Java province (4 districts). The assessment tools revealed the readiness of districts to implement PPM, thus based on these results, district-specific plan to improve quality in PPM implementation will be developed
	1.3.14	Develop Hospital accreditation instrument	KNCV	19,986	100%	Sep	2011	Accreditation instrument development has reached final phase of discussion but the instrument is not developed yet because of time limitation. Accreditation standard is developed and now is being printed to be disseminated to hospitals
	1.3.15	Develop standard of TB care in hospital	KNCV	14,190	Cancelled	Sep	2011	Cancelled by NTP, there is funding allocated from GF due to late approval of TB CARE
	1.3.16	Training for TB DOTS accreditation surveyors	KNCV	23,438	Cancelled	Sep	2011	Cancelled by NTP, there is funding allocated from GF due to late approval of TB CARE
	1.3.17	Try out of TB DOTS accreditation instrument.	KNCV	3,392	Cancelled	Sep	2011	Cancelled by NTP, there is funding allocated from GF due to late approval of TB CARE
	1.3.19	Internal linkage monitoring and evaluation meeting in hospitals	KNCV	11,455	100%	Sep	2011	Activities were done in East Java, Central Java, West Java, West Sumatra and DKI Jakarta. The result was increase in case finding, therapy monitoring, recording and reporting. Implementation in DKI Jakarta was started in October 2011, after the appointment of the new TO.
	1.3.20	External linkage meeting in cluster	KNCV	23,125	100%	Sep	2011	Activities done in East Java, Jakarta, West Java and Central Java from July to September 2011 by TO and attended by all healthcare facilities units including health offices, public health center, hospitals, NGO
	1.3.21	Develop training module for medical specialists	KNCV	7,568	100%	Aug	2011	The module has been developed by health professional organizations and NTP. The module recently is in correction phase and will be printed using the scheme in APA-2
	1.3.22	Conduct monitoring and evaluation of initial project in engaging the pulmonologists	ATS	46,194	100%			TB CARE I supported in Monitoring and Evaluation meeting in April 2011 for 3 sites (Central Jakarta, East Jakarta and South Jakarta) in Jakarta province, participated by Pulmonologists, ATS, PDPI, DKI Jakarta Provincial Health Office, NTP, PMU TB CARE, UNDP, representatives from private hospitals/clinics involved in this project, and WHO Indonesia.

1.3.23	Develop scale up project to increase engagement of private sector	ATS	160,301	100%			TB CARE I has completed the recruitment of 27 additional private providers to the PDPI project to engage the private sector in TB care and control for a total of 50 providers in 22 private hospitals in clinics in all districts in Jakarta with the addition of West and North Jakarta. A 2 day training based on the ISTC was conducted for the providers, as well as their nursing and administrative staff. Patient enrollment commenced following the ISTC training.
1.3.24	Workshop on ISTC	KNCV	11,032	Cancelled			Cancelled by NTP, there is funding allocated from GF due to late approval of TB CARE
1.3.25	International TA	KNCV	42,789	100%	Apr	2011	TB CARE I provided TA through Jan Voskens' mission with objectives : 1. Formulate a response on TRP (Technical Review Panel) clarifications of GF R10 proposal after initial response 2. Help with LFA assesment of R8 phase 2 and R10 and preparing required documents first grant negotiation scheduled for june 2011 3. Support finalization of the draft RAN for PPM including the translation 4. Developing the manuscript " handbook of Global TB Control and prevention"
				91%			

	2. Laboratories		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcomes						Month	Year	
Strengthened lab network and QA for smear microscopy labs	2.1.1	Development of Microscopic SOP according to TBCAP lab tools	KNCV	5,633	Postponed			To be carried forward to APA2 due to limited time for implementation. Activity will be conducted in quarter 2 APA2.
	2.1.2	Finalization of Microscopy training module	KNCV	3,139	100%	Feb	2011	The activity was implemented, in Jakarta for 3 days, 16-18 February 2011 with 14 participants from KNCV, lab Working Group, Medical Service and NTP
	2.1.3	LQAS workshop for East Java province	KNCV	20,932	Cancelled			Cancelled, to be implemented by JATA in APA2
	2.1.4	National LQAS Workshop (TOT LQAS)	KNCV	27,672	100%	Sep	2011	TBCARE supported LQAS TOT workshop on 08-12 August 2011 in Bandung. Participants: 23 participants from NTP, BPPM, TB Lab WG; TB National Facilitators and KNCV (Male=8 Female= 15) Result: 23 national trainers to support for LQAS training. Next step: Stepwise LQAS training
	2.1.5	LQAS workshop in 2 new provinces	KNCV	48,335	Postponed			To be carried forward to APA 2 due to limited time for implementation. Activity will be conducted in quarter 3 and 4 APA2. TBCARE however provided TA for LQAS workshop in Central Java on 07-11 November 2011. Number of participants was 43 (Male = 19, Female = 24) from PHO, provincial lab, all 35 district wasor, and intermediate lab. These participants will continue LWAS workshop in their corresponding district as facilitator. Workshop is divided into 4 clusters (Semarang, Surakarta, Banyumas, Magelang)
	2.1.6	Supervisory visit	KNCV	9,682	100%	Sep	2011	Supervisory visit was done in 8 provinces by Laboratory STO. The visited sites were TB subdirectorate and lung clinic. The visit was done during August and September 2011. Technical competence of the laboratory staff and quality assurance procedure were assessed.It was found that the staffs need refreshing training to improve their technical laboratory skills and knowledge. This activity will be followed up by refreshing training proposed in APA-2.
	2.1.7	Training smear microscopy for lab technician in selected hospitals	KNCV	25,641	Cancelled			Cancelled by NTP, there is funding allocated from GF due to late approval of TB CARE
	2.1.8	TB Lab Working Group meeting	KNCV	3,235	100%	Feb	2011	Coordination meeting was conducted in Jakarta for 3 days (23 Feb), 14 participants attend, coming from lab Working group, Medical Service MOH , and NTP.
	2.1.9	Provide AFB microscopic panel testing to provincial labs in 7 new provinces and intermediate labs in 3 provinces	KNCV	5,682	100%	Apr	2011	Preparation and distribution of AFB microscopic panel test to 7 new provinces have been done on 28-29 April 2011
	2.1.10	Support TB Lab Working Group (LWG) secretariat	KNCV	3,977	100%	Aug	2011	Procurement of supportive office equipments for TB Lab Working Group secretariat has been done in September 2011
	2.1.12	Establish intermediate laboratory in 3 provinces	KNCV	9,455	Postponed			To be carried forward to APA 2 due to limited time for implementation. Activity will be conducted in quarter 2, 3 and 4 APA2.

	2.1.13	On the Job Training (OJT) for microscopic	KNCV	14,493	 100%	Jul	2011	TBCARE support OJT/refreshing training on direct smear microscopic examination for TB Lab technicians on 18-23 July 2011 in Sorong, West Papua. Participant: 12 TB Lab technicians from hospital, Health Centre Unit/Puskesmas and Balai pengobatan (Clinic). Male=2 Female= 10 Result: improve skill and knowledge of 12 TB lab technicians in West Papua on direct smear microscopic examination.
	2.1.14	EQAS TB-HIV in Papua & West Papua	FHI	8,400	35%	Sep	2011	TB CARE assisted Papua Provincial Health Lab by: - Facilitating OJT to prepare TB and HIV laboratory sample for EQAS. Participants: 7 F, 3 M - Providing assistance in preparing, packaging, and distribution of sample EQAS is now running, PHL distributed 10 slides of TB microscopic sample and 3 blind samples of HIV to 35 health centers in Papua and West Papua. Next step is waiting for the health centers to send back the result of the samples examination, and TB CARE to provide TA in the evaluation process.
	2.1.15	National Lab Technical Officer (50% of time)	FHI	10,781	 100%	Sep	2011	Done. This activity is for National Lab Technical Officer salary.
Strengthened lab network and QA for	2.2.1	Strengthen capacity of NTP and lab staff	WHO	19,775	Postponed	Nov	2011	Planned to be carried out in first quarter of 2012 and to be adjusted with NTP's schedule.
	2.2.2	Coordination of Lab network among NTP, Lab Division-MoH, TBCARE partners and EXPAND-TB	WHO	3,390	Postponed	Mar	2012	Planned to be carried out in first quarter of 2012 and to be adjusted with NTP's schedule.
	2.2.3	Coordination of Lab network among NTP, Lab Division-MoH, TBCARE partners and EXPAND-TB	WHO	18,106	Postponed	Mar	2012	Planned to be carried out in first quarter of 2012 and to be adjusted with NTP's schedule.
	2.2.4	Coordination of Lab network among NTP, Lab Division-MoH, TBCARE partners and EXPAND-TB	WHO	10,170	Postponed	Mar	2012	Planned to be carried out in first quarter of 2012 and to be adjusted with NTP's schedule.
	2.2.5	Provide EQA panel test for DST	KNCV	23,864	 100%	Sep	2011	TBCARE support EQA panel test for culture/DST. These EQA panel prepared and sending by Supranational TB Reference Lab, IMVS, Adelaide, Australia. 6 sets of EQA panel have been sent on 28 September 2011 to 6 labs including: (1) Microbiology FM UI, Jakarta (2) RS Persahabatan, Jakarta (3) BBLK Surabaya (4) BLK Bandung (5) NEHCRI Makassar (6) Microbiology FM UGM, Yogyakarta. Next steps: intensive training for next culture/DST labs to receive EQA panel. Next labs to be trained are: (1) RS Soetomo, Surabaya (2) BLK Papua, Jayapura (3) BLK Semarang
	2.2.6	Develop culture/DST SOP according to TBCAP lab tools	KNCV	5,677	Postponed			To be carried forward to APA 2 due to limited time for implementation. Activity will be conducted in quarter 2 APA2.
	2.2.7	Finalization of culture/DST guideline	KNCV	5,677	Postponed			To be carried forward to APA 2 due to limited time for implementation. Activity will be conducted in quarter 2 APA2.
	2.2.8	Lab Renovation	KNCV	107,952	 100%	Apr	2011	- TBCARE supported TB lab renovation in BLK Jayapura and BLK Semarang. Supervision by World Biohaztec and KNCV on TB Lab renovation in BLK Jayapura was conducted on 3-5 April and 26-28 April 2011 while for BLK Semarang was conducted on 06 & 25 April Final testing and commissioning for both TB labs in May 2011 - Handing over and opening ceremony of the new TB lab in BLK Jayapura and BLK Semarang have been done on 15 and 21 June 2011 respectively. Participants: MoH, Provincial Health Office, World BioHaztec & KNCV














culture and DST	2.2.9	Improve capacity of QA culture and DST	KNCV	55,059	 100%	Sep	2011	<p>Richard Lumb, TBCARE laboratory consultant from IMVS provided TA for strengthening TB lab networking and QA for 4 times, 11-29 Oct 2010, 7-25 Mar 2011, 9-27 May 2011, 03-27 Oct 2011. Labs include RS Persahabatan, BLK Semarang, Microbiology FMUI, BLK Bandung, NEHCRI Makassar, RS Soetomo, BBLK Surabaya and BLK Jayapura.</p> <p>Latest update from visit in Oct 2011 is as follows:</p> <ul style="list-style-type: none"> - All 5 Quality Assured C/DST lab had received EQA panel from Supranational Reference Lab, IMVS Adelaide, Australia. Those 5 labs are Microbiology UI, RS Persahabatan, BLK Bandung, BBLK Surabaya and NEHCRI Makassar - Main evaluations on track towards - completion East Java DRS well advanced - BLK Jayapura has done very well and ready for EQA panel - Both BLK Semarang and Dr Soetomo labs require additional inputs and support - Laboratory renovations at Adam Malik/BBLK Palembang well advanced. - Still waiting confirmation of NRL status - NRL/BPPM need to review current guidelines for SL-DST of MDR-TB <p>Next lab mission will be conducted on 30 Jan - 10 Feb 2012</p>
	2.2.10	Maintenance/Calibration of BSCs	KNCV	27,273	 100%	Sep	2011	<p>TBCARE support maintenance and recalibration of 9 unit BSCs in 5 culture/DST labs on 12-16 September 2011. These certification conducted by certified BSC engineer from Yizeta, Singapore.</p> <p>The 5 labs are:</p> <ol style="list-style-type: none"> (1) Microbiology FM UI, Jakarta (2 units) (2) RS Persahabatan, Jakarta (2 units) (3) BBLK Surabaya (2 units) (4) BLK Bandung (1 units) (5) Microbiology FM UGM, Yogyakarta (2 units) <p>Result: all BSCs are passed except 1 unit in BBLK Surabaya and 1 units in Microbiology FM UGM</p> <p>Next steps: Support BBLK Surabaya and Microbiology FM UGM to solve problem with the failed BSCs</p>
	2.2.13	Supervision/assessment for expansion of culture/DST labs	KNCV	7,705	Postponed	Sep	2011	To be carried forward to APA2 due to limited time for implementation
	2.2.14	Support National Lab Reference	KNCV	34,091	 100%			<p>TBCARE support BPPM to expedite endorsement of Minister of Health for establishing/pointing 3 National Reference Labs, which decree has been signed by Minister of Health</p> <ol style="list-style-type: none"> (1) BBLK Surabaya as National Reference Lab for Culture/DST (2) BLK Bandung as National Reference Lab for Microscopy (3) Microbiology FM UI as National Reference Lab for molecular and research <p>Next step is to support capacity building of these 3 NRLs</p>
	2.2.15	International TA	KNCV	69,140	 100%			External TA for QA culture/DST by Richard Lumb, a lab consultant from IMVS, Adelaide as Supranational TB Reference Lab for Indonesia.
New diagnostic tools implemented and integrated into lab network	2.3.1	HAIN test study phase 2	KNCV	70,381	 75%	Sep	2011	<p>HAIN test study phase 2 is in progress. Sample enrollment continues from Persahabatan hospital (Jakarta) and Soetomo hospital (Surabaya). Sample collection will be continued until mid-January 2012. Latest Progress:</p> <ul style="list-style-type: none"> - Available Genotyping result: 322 - Available MGIT DST result = 197 - Culture/MGIT DST in progress = 108
	2.3.2	HAIN test for SLD	KNCV	29,622	 75%	Sep	2011	<p>HAIN test study for SLD is in progress.</p> <p>Latest progress:</p> <ul style="list-style-type: none"> - Available MGIT SL DST result = 121 - Available Genotyping result by Genotype MTBDRsl = 128
	2.3.3	HAIN study phase 1 sequencing	KNCV	3,000	 75%	Sep	2011	Sequencing for HAIN test phase 1 is in progress.
	2.3.4	Procurement of GeneXpert	KNCV	280,500	 100%	Sep	2011	<p>(1) Planning and strategy of GeneXpert implementation has been socialized in a workshop supported by TB CARE I on 13-14 June 2011. CGAT has been established and site selection was discussed here. This workshop was attended by: NTP, BPPM, Lab WG, PMDT WG, TORG, UI, UNPAD, Persahabatan Hospital, BLK Bandung, FHI, USAID, KNCV, and PMU.</p> <p>(2) TB CARE I supported procurement of 17 GeneXpert machines and 1700 cartridges. Procurement has been done in July 2011.</p> <p>(3) TB CARE I supported a GeneXpert Workshop TOT, 26-30 September 2011 at Microbiology FM UI. This workshop resulted in training materials, curricula and documents for training. The workshop was attended by 25 Participants from NTP, BPPM and CGAT members.</p> <p>(3) Training was done on 03-05 October 2011 at Microbiology FM UI and attended by NTP, BPPM, FHI and 5 GeneXpert sites (Microbiology FM UI, RS Persahabatan Jakarta, RS Pengayoman Cipinang Jakarta, RS Hasan Sadikin Bandung, BLK Bandung). Total trained was 22 (Male=5, Female=17).</p> <p>(4) A geneXpert coordination meeting was done on 15 November 2011 in Jakarta. Attended by NTP, BPPM, KNCV, FHI and CGAT. GeneXpert algorithm for MDR TB and TB-HIV suspect, lab networking for GeneXpert result confirmation,</p>

 93%

Outcomes	3. Infection Control		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
Improved TB-IC in PMDT sites	3.1.1	Renovation of Saiful Anwar hospital and selected health centers in Malang	KNCV	21,000	100%	Jun	2011	Renovations in Saiful Anwar hospital and 3 health centers in Malang were completed
	3.1.2	Renovation of Labuang Baji hospital and selected health centers in Makassar	KNCV	24,864	100%	Sep	2011	Renovations in Labuang Baji hospital were completed. The fund for renovations for health centers were reallocated for health centers in Malang and Solo.
	3.1.3	Renovation of Muwardi hospital and selected health centers in Solo	KNCV	51,000	100%	Apr	2011	Renovations in Moewardi were completed and already functioning. Renovation in 3 HCs was completed, all partners satisfied in quality. There is additional one HC in Sukoharjo district to be renovated, expected to be completed by end of Q4
	3.1.4	Renovation of selected health centers in East Jakarta and Surabaya	KNCV	18,000	Postponed or 50%	Sep	2011	Since the design was accepted by DHO and HC from engineers in May and June 2011, renovation has not yet been done. NTP and PHO requested the renovation to be done at the same time for all HC. Renovation will be done in APA2.
Improved TB-IC in specific settings	3.2.2	Logistic for infection control	FHI	7,500	100%	Aug	2011	Done. The masks were distributed to 8 provinces (20 prisons, 60 primary health centers and hospitals).
	3.2.3	Developing TBIC M&E system for prison	FHI	617	50%	Mar	2012	The meeting to finalize the draft for a TBIC assessment will be conducted in next quarter (January - March 2012)
	3.2.4	TBIC assessment	FHI	1,050	Postponed	Sep	2011	This activity will be conducted after the draft is finalized in Activity 3.2.3
	3.2.5	Program Officer	FHI	39,498	100%	Sep	2011	Done. This activity is for salary and travel for 1 program officer.
	3.2.6	General Office Expenditures	FHI	27,039	100%	Sep	2011	Done. This activity is for office rent, communication, utilities, computers, etc
Improved TB-IC implementation	3.3.1	Formation of IC TB working group	KNCV	7,701	25%	Aug	2011	Workshop to discuss an agreement regarding the formation of TB IC working group was held in September 2011. The workshop was attended by IC group (BUK, NTP, and experts).
	3.3.2	Support TB-IC working group	KNCV	6,151	0%	Sep	2011	This activity could not be done since the working group was not yet been established (See Activity 3.3.1)
	3.3.3	Support revision of TB-IC managerial and technical guidelines.	KNCV	9,858	Postponed	Sep	2011	The activity was postponed by MoH to APA2.
	3.3.4	Meeting to develop TB-IC regulation.	KNCV	6,449	Cancelled	Sep	2011	The activity was cancelled by MoH
	3.3.5	International TA	KNCV	24,289	100%	Sep	2011	Hans Mulder mission in 12-22 September 2011 was to assist assessment of TB IC implementation in 5 hospitals and 1 lung clinic
					84%			













	4. PMDT		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcomes						Month	Year	
Diagnostics (Labs)	4.1.1	TA on incorporation of new rapid diagnostics in national PMDT	WHO	10,170	Postponed	Mar	2012	Planned to be carried out in first quarter of 2012 and to be adjusted with NTP's schedule.
	4.1.2	PMDT expansion activities in provincial level	KNCV	5,306	<div><div></div></div> 100%	Sep	2011	Meetings on expansion plan development were done in DKI Jakarta and East Java in September 2011. The result was as follows: 1) DKI Jakarta province will expand a new treatment center i.e. Fatmawati in 2012. 2) East Java will develop 3 new sub treatment centers in Pamekasan, Jember and Madiun. It is expected that in 2012, PMDT has covered the whole province
	4.1.3	Provincial level preparation activities	KNCV	7,886	<div><div></div></div> 100%	May	2011	- TA conducted in Central Java province by National team (NTP, KNCV, WHO) in second week of April. Central Java PHO has a plan to expand PMDT coverage within province by selecting some hospitals as sub treatment site candidates - TB CARE I supported Clinical Consultancy meeting on PMDT in Jakarta on 23-24 May 2011
	4.1.4	PMDT Preparation meeting at hospital	KNCV	1,527	cancelled	Sep	2011	This activity was cancelled due to the late completion of activity 4.1.2 in September 2011. This activity will not be carried over because in 2012 it will be funded by Global Fund
	4.1.5	PMDT Preparation meeting in district level	KNCV	4,729	<div><div></div></div> 100%	Sep	2011	The meeting was done in DKI and East Jakarta in September 2011 together with activity 4.1.2
	4.2.1	Support the expansion and quality improvement of PMDT	WHO	37,752	Postponed	Mar	2012	Partly implemented for travel and salary for existing National Consultants during NCE.
	4.2.2	Pre assessment meeting	WHO	5,008	<div><div></div></div> 100%	Oct	2011	Activity has been completed in the second week of October, conducted in Acacia Hotel Jakarta. The candidates of PMDT new sites (DIY, Bali, North Sumatera and West Java) had been informed about the PMDT requirements and the provincial health office staff were requested to draft the PMDT workplan. This meeting was attended by 18 participant from NTP, TB CARE I, PHO staffs and hospital staffs.
	4.2.3	Assessment to newly selected sites (6 sites)	WHO	11,557	Postponed	Mar	2012	Planned to be carried out in first quarter of 2012 and to be adjusted with NTP's schedule.
	4.2.4	Follow up assessment for expansion to 4 new PMDT sites	WHO	7,705	<div><div></div></div> 100%	Sep	2011	The activities have been completed. The 4 new PMDT sites (Medan, Denpasar, Jogjakarta and Bandung) are ready to start the PMDT in first quarter of 2012 at the earliest.
	4.2.5	Post assessment meeting	WHO	18,902	Postponed	Mar	2012	Planned to be carried out in Jan-March 2012 and to be adjusted with NTP's schedule.
	4.2.6	International TA	WHO	7,345	<div><div></div></div> 100%	Jan	2012	Ms Karin Bergstrom (WHO HQ) visited in September for completion of General Outline of PMDT HRD, to be continued by the NTP and finalized as final draft of HRD in PMDT document by next visit.
	4.2.7	International meeting/workshop	WHO	6,780	<div><div></div></div> 100%	Feb	2012	Dr I Made Bagiada (Sanglah Hospital, Denpasar) and Dr Edwin Anto Pakpahan (Labuang Baji Hospital, Makassar) were trained in the International Course on Clinical Management of Drug-Resistant Tuberculosis, Bangkok, Thailand, 26-30 Dec 2011.
	4.2.8	International PMDT training & study visit	WHO	11,865	Postponed	Mar	2011	Planned to be carried out in Jan-March 2012 and to be adjusted with NTP's schedule.
	4.2.9	PMDT clinical audit	WHO	12,199	Postponed	Mar	2012	Planned to be carried out in Jan-March 2012 and to be adjusted with NTP's schedule.
	4.2.10	PMDT clinical audit : Follow up (I)	WHO	7,705	Postponed	Mar	2012	Planned to be carried out in Jan-March 2012 and to be adjusted with NTP's schedule.
	4.2.11	PMDT clinical audit : Follow up (II)	WHO	5,136	<div><div></div></div> 100%	Sep	2011	Completed, document is incorporated in the PMDT Technical Guidelines Book-1 and Book-2.
	4.2.12	Develop MDR-TB counseling and case management	WHO	7,705	<div><div></div></div> 100%	Sep	2011	PMDT TWG met in Bogor to develop MDR-TB counseling and case management guideline.
	4.2.13	External TA coordination and evaluation (I)	WHO	5,136	Postponed	Nov	2011	Planned to be carried out in first quarter of 2012 and to be adjusted with NTP's schedule.
	4.2.14	External TA coordination and evaluation (II)	WHO	7,345	Postponed	Jan	2012	Planned to be carried out in first quarter of 2012 and to be adjusted with NTP's schedule.
	4.2.15	Update PMDT Document	WHO	15,409	<div><div></div></div> 100%	Sep	2011	Completed, document is incorporated in the PMDT Technical Guidelines Book-1 and Book-2.
	4.2.16	PMDT Money meeting national level	WHO	20,545	<div><div></div></div> 100%	Dec	2011	Coordination and Technical Meeting on PMDT Coordination of Clinical Expert Teams (CET) resulting recommendation on several clinical issues such as side effect managements and drug regiment of mono and poly resistant TB. Workshop on Developing Tools for MDR TB Counselling held in Bogor, November 2011. First draft for MDR TB counseling guideline have been developed.

Treatment
(scale-up)

4.2.17	Internal TA for PMDT activities	WHO	35,441	 100%	Sep	2011	National Consultant based in Surabaya is in place.
4.2.18	General Office Expenditures	WHO	7,833	 100%	Sep	2011	GOE implemented.
4.2.19	General managerial support by TB CARE focal point/project officer	WHO	11,300	 100%	Sep	2011	General Managerial (HQ) implemented.
4.2.20	Comprehensive Course on Clinical Management of Drug Resistant Tuberculosis	The Union	80,173	 100%	Sep	2011	The Union collaborated with FM UGM to organize the course, the course was organized in Grand Cempaka Hotel, Jakarta in 12-16 September 2011. Attended by 33 clinicians (18 M and 15 F). The course was facilitated by 3 facilitators from The Union (Dr. Pepe Caminero, Dr. Sarapjit Candra, Dr. Ignacio) and 6 local facilitators. The facilitators shared new informations regarding drug resistant TB and the management. It was recommended to hold similar activity in APA-2
4.2.21	Mentoring to the PMDT sites	The Union		 100%	Sep	2011	From 8 to 17 of September 2011, The Union worked in the field, with two consultants, advising in the clinical management of the most complicated MDR/XDR-TB Cases of the 5 PMDT sites of Indonesia
4.2.22	Training for treatment center and provincial team	KNCV	55,868	 100%	Sep	2011	Training has been done in 2 batches for core teams from 4 provinces (West Java, North Sumatra, Bali and DIY) in the 2nd and 3rd week of December 2011. A total of 46 participants (28 F and 18 M) were trained in Jakarta and Solo. These teams will implement PMDT in provincial and referral hospital level. Routine mentoring from central PMDT team will be needed in the first 3 month of implementation
4.2.23	Training for treatment sites	KNCV	18,304	 75%	Sep	2011	The delay in provincial core team resulted in satellite UPK training delay. The training will be done in January 2012. This training will be facilitated by members of provincial team that have been trained to be local facilitators.
4.2.24	Training workshop for health center/ hospitals for suspects finding	KNCV	9,982	 100%	Sep	2011	The training workshop delivered as On Job training for HC staffs received patients decentralized from Hospital. During July-September period 8 HC in Central Java and 21 HC in East Java received this kind of trainings. Training conducted by Provincial team (Wasor, hospital staff and PMDT TO)
4.2.25	Socialization through professional organization (IMA, PDPI) at new sites	KNCV	8,199	 100%	Sep	2011	After socialization in Malang with collaboration with IMA and in other three sites that were done and funded by local funding, there was no activity during October - December 2011. TBCARE only provided budget for these activities.
4.2.26	PMDT dissemination of information	KNCV	7,955	 100%	Sep	2011	Conducted in DKI Jakarta and East Java focus on the Provincial expansion plan, involving 5 districts in Jakarta and 38 districts in East Java.
4.2.27	Case findings	KNCV	27,273	 100%	Sep	2011	341 MDR-TB suspects were examined during October - December 2011. 71 confirmed MDR-TB were found and 67 MDR-TB patients were put on treatment. Transition from TBCARE to GF funding for MDR-TB patient diagnosis and treatment should be smooth.
4.2.28	Follow up smear and cultures	KNCV	45,455	 100%	Sep	2011	Follow up smear and culture for 120 new enroll cases and 162 cases from previous years.
4.2.29	Sputum handling and transportation	KNCV	2,182	 100%	Sep	2011	Routine process all 5 sites on weekly basics
4.2.30	Home visit and contacts tracing	KNCV	1,136	 100%	Sep	2011	Home visit and contacts tracing were done for newly found MDR-TB patients
4.2.31	Treatment support	KNCV	90,800	 100%	Sep	2011	Treatment support was provided to 296 new and existing patients within the quarter. TBCARE however will continue support treatment for MDR-TB patients that have been put on treatment before 1 January 2012. MDR-TB patients that start their treatment from 1 January 2012 onwards will be supported by GF. An effort to harmonize funding system should be done to avoid confusion in implementing units.
4.2.32	Side effect management	KNCV	13,636	 100%	Sep	2011	Lab examination and hospitalization are provided to support the side effect management. Total 137 patient received support on April-September periods
4.2.33	Laboratory examination for baseline and follow up	KNCV	34,091	 100%	Sep	2011	Laboratory examination has been done routinely for all MDR-TB patients
4.2.34	Default tracing	KNCV	1,136	 100%	Sep	2011	More than 220 tracing activities reported in five sites. National PMDT guideline stated if a patient is absent from treatment for more than 2 days, health center staff should conduct tracing activity (home visit, patient and family counselling, etc) to prevent patient from becoming a defaulter case.
4.2.35	Group activities	KNCV	2,386	 100%	Sep	2011	Quarterly activities in PMDT sites, including patient gathering, social activities and religious activities for the patients.
4.2.36	Individual activities and counseling	KNCV	568	 100%	Sep	2011	Applicable for 120 new patients and patients who need counselling from the expert (psychiatrist)
4.2.37	Patient empowerment	KNCV	152	 100%	Sep	2011	Income generation in Jakarta and Surabaya by provide training to the patient to make handicraft, T-shirt etc, as an effort to replace the income lost.

4.2.38	Enabler for patient	KNCV	79,545	100%	Sep	2011	Enablers (in form of money for transport allowance and nutrition support) are provided to 296 new and existing patients on treatment. As per 1 January 2012, enablers (in form of money for transport allowance) will be provided only to patients with social and economics problem, the nutritional support will be handed over to the local budget in districts/provinces.
4.2.39	Enabler for health worker	KNCV	14,205	100%	Sep	2011	Deliver enablers support (nutritional and communication support) for HCW in hospitals and Health centers
4.2.40	Shelter/dormitory facility	KNCV	6,818	100%	Sep	2011	During October - December 2011, support was provided for shelter/dormitory facility. For 4 new sites, there will be no funding from GF for shelter/dormitory facility. Therefore local effort is needed to comply with this situation. TBCARE will support in early phase of implementation until the sites are ready to provide shelter/dormitory facility for the patients.
4.2.41	PMDT Money meeting Provincial level	KNCV	10,966	100%	Sep	2011	One money meeting was supported by TBCARE in East Java. The meeting was conducted in the first week of December 2011 and attended by PHO, DHO, PMDT referral hospitals, and other stakeholders with main agenda to discuss transmission from TBCARE to GF funding for new patients per 1 January 2012. For Central Java, DKI and South Sulawesi, money meeting will be done in January/February 2012 after national money that will be held in 24-29 January 2012.
4.2.42	PMDT Money meeting District level	KNCV	7,063	75%	Sep	2011	PMDT money meeting was done in all sites except in South Sulawesi; this activity will be done in February 2012
4.2.43	Data validation at hospital	KNCV	3,892	75%	Sep	2011	Data validation was done in all sites except for South Sulawesi. For South Sulawesi, the activity will be done in January - February 2012
4.2.44	Supervision and technical assistance from central level	KNCV	6,727	50%	Mar	2012	This activity is conducted regularly every 6 months. Rest of budget allocated for supervision from province to district level. This activity will be done in February 2012
4.2.45	Supervision from province to district and district to hospitals	KNCV	1,216	100%	Sep	2011	Conducted every quarter, total budget needed for support significantly increased since number of districts involved in PMDT were increased more than 40% in Q3/Q4 2011
4.2.46	Web based surveillance system for PMDT	KNCV	17,273	100%	Sep	2011	Procurement and operational cost for 5 sites
4.2.47	Site preparation in hospitals	KNCV	22,727	Postponed	Sep	2011	To be carried forward to APA2 (January - March 2012) due to limited time for implementation
4.2.50	Provide personal protection for health staffs and patients	KNCV	11,364	100%	Sep	2011	400 pieces of N-95 respirators for health care workers for July December 2011 have been procured.
4.2.51	Technical assistance for TB-IC implementation	KNCV	7,773	100%	Sep	2011	All design and plan are provided for PMDT hospitals and HC in 5 existing sites
4.2.52	PMDT IEC material	KNCV	5,682	100%	Sep	2011	Printing process has been started in 26 December 2011, distributed to Moewardi, Syaiful Anwar, Labuang Baji and 4 new PMDT hospital (Bali, Yogya, Bandung and Medan)
4.2.53	PMDT infection control material	KNCV	5,682	100%	Sep	2011	Printing process has been started in 26 December 2011
4.2.54	International TA	KNCV	15,788	100%	Sep	2011	Ignacio Monedero's mission on September 2011 to Persahabatan Hospital and 3 health centers in Jakarta. Suggested recommendation including clinical treatment for MDR TB patients, development of clear guidelines for poli-resistant cases, establishment of MDR-TB committees, purchasing drugs for failures.
				97%			

Outcomes	5. TB/HIV		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
	5.1.1	Support TB-HIV collaborative activities	WHO	1,926	100%	Sep	2011	WHO actively participated in development/ finalization of Management Guidelines on TB-HIV Collaborative activities
	5.1.2	Technical Expert	WHO	38,138	100%	Nov	2011	Medical Officer (TIP) was in place
	5.1.3	Finalizing TB-HIV program management book	FHI	6,675	100%	Aug	2011	Workshop for finalization was done in September 12 2011 and attended by 13 participants from FHI, NTP, NAP and WHO. Next step is final lay-out and printing.
	5.1.4	Internal FHI TB-HIV monitoring & evaluation meeting	FHI	24,282	100%	Jun	2011	Done in Q3 (11 may 2011). Attended by 20 participants. Meeting results: need to improve internal coordination, introduce TBCARE new mechanism which slightly different with TBCAP activity programming, letter from MoH is needed to stress the importance of using revised TB form that has collaborate HIV information in it, activities model are TA to strengthen and support the existing system, some indicators description still need to be discussed with MoH, refinement of TB-HIV and TB in prison activities for APA2










Decreased TB burden among PLHIV	5.1.5	Finalizing IEC TB-HIV material for Papua	FHI	7,800	 100%	Sep	2011	Process to finalize IEC TB-HIV material Papua version has been done through Focus Group Discussion (FGD) which involved several counterparts including CSO, PHO, AIDS Commission, representative people from Central Highland. Contents of the material have been translated to local dialect and need second meeting to finalizing the layout. Number of participants in the first meeting was 25. The second meeting was done on 16 August 2011 to review and pre test layout and contents of the material before printing. Number of participants of this meeting : 29. TB IEC has been finalized.
	5.1.6	Printing TB-HIV IEC material including forms & IEC for Papua	FHI	17,205	 100%	Sep	2011	Done. IEC materials and forms were printed and are being distributed to primary health care and hospitals in Papua and West Papua.
	5.1.7	TWG meeting at national and provinces	FHI	44,980	 100%	Sep	2011	TBCARE participated in the National TWG meeting coordinated by NAP. The meeting was to form and establish the TWG member in national level and formalize it with a decree from DG.
	5.1.8	TB-HIV monitoring & evaluation (program & clinical) meeting in 8 provinces	FHI	52,344	 80%	Sep	2011	Papua: Clinical mentoring and program monitoring to Tanjung Ria, North Jayapura, Hamadi, Kotaraja, Abepura and Waena PHC was done in Jayapura City (1-4 October). Generally, coverage on HIV testing among TB Patients still low since the capacity of TB staff to offer HIV testing still low. Need PITC Training for TB Staffs to improve the confidence in offering test. West Papua: Clinical mentoring and program monitoring to Fakfak Kota, Fakfak Tengah and Hospital was done in Fakfak District (25-27 November). The same activity was done in Manokwari District which was focused in PHC Sanggeng, Amban and Hospital. Generally, coverage on HIV testing among TB Patients still low and need to validate the TB-HIV records. Central Java: Clinical Mentoring and Program Monitoring at RS. Dr. Oen Surakarta was conducted in November 22 2011. This mentoring involved Provincial TB and HIV Program Manager, BKPM Semarang, and FHI. Some issues found were that the facility has not used the updated TB forms, therefore the TB-HIV collaboration could not be shown, and that the infection control has not been well implemented. East Java: Clinical and program monitoring were conducted in Madiun prison (25 participants), however some hospitals and health centers were also included. Result: need to strengthen
	5.1.9	Internal coordination meeting in health facilities	FHI	2,205	 100%	Sep	2011	West Papua: Internal coordination meeting in Remu PHC. Numbers of participants: 35. Meeting results: Need technical assistance to increase capacity of TB staff to offering HIV testing to all TB patients. Scaling up services to initiate ART for uncomplicated patients in PHC. Strengthened networking between referral hospital and PHC. Internal coordination meeting in PKM Sentani was done on July 15, 2011. Numbers of participants were 17. Results of the meeting: Stigma and discrimination among health workers within PKM still high. This is the barrier to increase coverage of HIV Testing and to implement PITC. Internal coordination meeting in RSUD Jayapura done on July 6, and 17th September. Purpose of the meeting was to review recording and reporting related HIV-AIDS and TB-HIV and also to introduce the new form from MOH. Other issue arose on the need to improve management of Medical Record of the patients. Number of participants were 20 (M: 6 and F: 14). Another coordination meetings were done in PHC Remu (27th September) and RSUD Sele Be Solu Sorong (28th
	5.1.10	Strengthening TB-HIV information system	FHI	2,438	 75%	Sep	2011	A coordination meeting with WHO was held to discuss the TB-HIV reporting forms. The former TB-HIV reporting format which includes 17 TB and HIV variables that should be reported by health centers was revisited. Result: The updated TB-HIV reporting format. Next step is to have a meeting with NAP and NTP to finalize.
	5.1.12	General Office Expenditures	FHI	95,865	 100%	Sep	2011	Done. This activity is for office rent, communication, utilities, computers, etc
	5.1.13	International travel	FHI	34,375	 100%			One FHI staff attended Union conference in Berlin, November 2010. One FHI staff will give oral presentation regarding TB/HIV in Prisons at Union conference in Lille 2011.
	5.1.14	Technical Officers, Program Manager and Supporting staff	FHI	192,835	 100%	Sep	2011	Done. Two technical officers for West Java and DKI Jakarta were hired in August and September 2011.
Decreased TB burden among DI HIV	5.2.1	Support TB-HIV collaborative activities	WHO	1,926	 100%	Sep	2011	WHO actively participated in development/ finalization of Management Guidelines on TB-HIV Collaborative activities
	5.2.2	Workshop on TB-HIV algorithm	FHI	10,650	 75%	Sep	2011	The scope of the workshop was broaden to a workshop for GeneXpert preparation. Participants were 12 females and 8 males from FHI, NTP, KNCV, TB lab working group, and hospitals. Result: TB-HIV algorithm and MDR finalized, MoU was drafted.
	5.2.3	TB-HIV training for HIV staff	FHI	31,279	 100%	Sep	2011	the TB- HIV collaboration training among VCT & CST staffs was conducted in July 2011 in Kediri. Participants were from Mojokerto, Jember, Tulungagung, Blitar, Jombang and Gresik PHCs & Hospitals. Each district sent two staffs from each hospital and PHCs. Participant: 36 persons.

PLHIV	5.2.4	Training HIV rapid test & OI for lab technician	FHI	29,385	100%	Sep	2011	<p>West Java: Training was conducted in August 2011, number of participants: 23 person from Puskesmas Pademangan, Penjaringan, Taman Sari, Palmerah, Menteng, Kemayoran</p> <p>East Java: Training was conducted in July 2011 in Balai Besar Laboratorium Kesehatan (Health laboratory) Surabaya. Participants from Mojokerto, Jember, Tulungagung, Blitar, Jombang, Gresik, Malang, Surabaya PHCs & Hospitals. Participant: 27 persons, Recommendation: Technical assistance, monitoring and evaluation. Quality assurance and quality improvement. Need to advocate programmer and policy maker about reagents need</p>
Decreased HIV burden among TB patients	5.3.1	Support TB-HIV collaborative activities	WHO	1,926	100%	Sep	2011	WHO actively participated in development/ finalization of Management Guidelines on TB-HIV Collaborative activities
	5.3.2	PITC training	FHI	35,355	100%	Sep	2011	<p>Papua: PITC Training for TB Staff was done on 10 - 12 August. Number of participants were 27 (M: 2 and F: 25) from Jayapura City (PKM Tanjung Ria, PKM Imbi, PKM Jayapura Utara, PKM Hamadi, PKM Kotaraja, PKM Abepura, PKM Waena, PKM Abe Pantai, PKM Koya Barat, PKM Skouw, PKM Elly Uyo, RSUD Jayapura, RSUD Abepura, RS Dian Harapan) and Jayapura District (PKM Harapan, PKM Sentani, PKM Nimbokrang, PKM Kentuk, PKM Depapre, PKM Denta, RSUD Yowari. Another participants came from DHO Jayapura district and city dan PHO Papua. The training involved 4 facilitators and 11 Expert Patient Trainers.</p> <p>West and Central Java: Training was conducted in July 2011, number of participants : 20 person (male 3 and female 17), From West Java 15 participants from Bogor Timur, Tegal Gundil PHC, BKPM Cianjur, BKPM Cirebon, Kota Depok, Kota Bandung, kota Bekasi district hospital, Imanuel Bandung, PHO, DHO. Central Java : 5 participants. The participants were from Panti Wilasa Citarum, BKPM Semarang, Margono Sukaryo, Banyumas, Moewardi Hospital.</p>
	5.3.3	TB-HIV training for TB staff	FHI	32,753	100%	Sep	2011	TB-HIV Training was conducted in July 2011 for TB staffs in West Papua where most of the staffs were not trained yet. The number of participants were 25, from Sorong SBS Hospital, Remu, Malanu, Tanjung Kasuari, Dum, Klasaman PHC. Sorong district hospital, Aimas PHC. Temiabuan hospital and PHC. Fakfak District hospital, Fakfak PHC. Wosi, Amban, Sanggeng PHC, Manokwari District hospital. Bintuni PHC.
	5.3.4	Counseling and case management training of counselor & social workers from MDR TB sites	FHI	12,592	30%	Sep	2011	FHI supported in the development of MDR Counseling Training Module. The workshop to develop and review the draft were conducted twice with the budget from WHO and GF. One meeting was conducted to prepare EPT (expert patient trainers). There is plan to involve MDR patients who are experienced in treatment, in the MDR counseling training. The EPTs are always involved in IMAI (Integrated Management of Adult and Adolescence Illness) training for HIV provider. Next step is to review, finalize and facilitate the training.
					93%			












Outcomes	6. Health Systems Strengthening		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
Increased political commitment	6.1.1	World TB Day	WHO	11,300	100%	Mar	2011	Supported World TB Day for commemoration, national congress and other activities.
	6.1.2	Participate in TB CARE Consensus Meeting	The Union	11,080	100%	Jan	2011	Jamsheed Chorr attended the meeting to represent The Union
	6.1.3	Workshop / course on influencing, networking and Partnership	The Union	58,830	Postponed	Sep	2011	To be carried forward to APA2
	6.1.4	Participation in quickstart and APA 1 workplanning	MSH	5,868	100%	Feb	2011	Claire Moodie led the quickstart and APA 1 workplanning for MSH. One visit was conducted in December 2010 to agree upon the SOW with USAID, the NTP and partners. MSH contributed budget and workplan input within the agreed upon timeline.
	6.1.5	Participation in Consensus Building Workshop and workplan finalization	MSH	22,107	100%	Jan	2011	Claire Moodie represented MSH in the consensus building workshop and workplan finalization. MSH APA 1 activities derived from consensus building workshop findings and discussions, as well as follow-on activities from TB CAP.
	6.1.6	Participation in the JEMM as a drug management advisor	MSH	72,450	100%	Feb	2011	Although the title only mentions the drug management advisor participation in JEMM, MSH contributed a drug management advisor and a financial advisor for the mission (with TB CARE I funds). Both participants contributed significantly to the findings of the JEMM final report, which should be released soon. (C. Moodie also participated in JEMM through TB CAP for MIS/M&E).
	6.1.7	Conduct a study on economic loss due to TB, develop results into an advocacy tool for the NTP, Provinces and Districts, and disseminate tool to all levels.	MSH	47,972	Postponed	Mar	2012	Postponed to January 2012
	6.1.8	Support Joint External Monitoring Mission	KNCV	61,560	100%	Feb	2011	provide operational costs and fee for 5 interpreters for JEMM activity to 5 provinces (DKI Jakarta, North Sumatera, South Sulawesi, Papua, and East Java)
	6.1.9	TB CARE Consensus Meeting	KNCV	29,450	100%	Jan	2011	There were 2 APA1 Consensus Meetings conducted in January and July 2011
	6.1.10	Contribute to the World TB Day Commemoration	KNCV	80,451	100%	Mar	2011	Pre National Congress has been successfully done, with remarks of Vice President of Republic of Indonesia, Ministry of health, and Coordinator of Ministry of welfare.
	6.1.11	Conduct baseline data to identify TB allocation (providing baseline data in political commitment and financing)	KNCV	11,364	25%			Activity to be carried forward into APA2 (quarter 2). This activity will collect information regarding budget source and planning in all levels (national, province, and district)
	6.1.12	Media workshop (sensitize media, journalist to TB and TB MDR issues)	KNCV	6,557	25%	Nov	2011	This activity to be carried forward into APA2, in regards to TB Day momentum in March 2012.
	6.1.13	Advocation workshop	KNCV	15,977	25%	Nov	2011	This activity consists of 2 phases, data collection and workshop to evaluate the data collected. Data collection activity was funded by GF and already done. The workshop to evaluate the data could not be done because prioritization of NTP suggests that workshop should be postponed and carried forward to APA2
	6.1.14	Support the World TB Day Commemoration (WTBD)	FHI	5,655	100%	Mar	2011	This activity has been done in Q2 through IEC development
	6.1.15	Involving one of FHI HQ staff as external reviewer in JEMM	FHI	9,410	100%	Feb	2011	Instead of HQ staff, FHI national staff participated in JEMM.
	6.1.16	Strengthening comprehensive and integrated services (CoPC)	FHI	1,575	100%	Sep	2011	A meeting to strengthen comprehensive and integrated services (CoPC) in Jayapura City was done on September 2011. Purpose of the meeting is to increase quality of services for PLHA, to provide comprehensive services for PLHA, extending services and develop referral system between health facilities. Some recommendation has been taken related to services delivery such as need refreshing training for Doctors, Nurses, Counselor and Case Manager, training for new doctors from some PHC, and very urgent issue is data validation of HIV-AIDS cases. Number of participant: 34.
	6.1.17	Participate in Consensus Meeting to develop Annual Workplan	ATS	12,838	100%	Jan	2011	ATS participated in consensus meeting, represented by Fran du Melle and Phil Hopewell
	6.1.18	Participate in the JEMM	ATS	43,056	100%	Feb	2011	ATS participated in JEMM, represented by Fran du Melle and Phil Hopewell












	6.1.19	Participation in TB CARE Consensus Meeting	KNCV	26,985	100%	Jan	2011	TB CARE I supported the Consensus meeting with assistance of Dr Jeroen and Dr Salim from KNCV HQ
	6.1.20	Participation in the JEMM and HLM	KNCV	44,241	100%	Feb	2011	TB CARE I supported JEMM through TA of Richard Lumb and Jeroen Van Gorkum. Therefore, TA provided by Steve Graham and Catarina Casalini was funded by WHO.
Strengthened leadership and management	6.2.1	Leadership and programme management training in low DOTS performance provinces and districts.	WHO	28,250	Postponed	Sep	2011	Planned to be carried out in Apr-Jun 2012 and to be adjusted with NTP's schedule
	6.2.2	Workshop on integrated planning & budgeting toolkit	MSH	38,464	100%	Sep		David Collins visited Jakarta in September 2011 to collect information and develop a initial design for rolling out the tool. The workshop was held with NTP members and partners and the results were used in the design. The roll-out activities are planned for APA 2
	6.2.3	Workshop on integrated planning & budgeting toolkit	KNCV	5,298	100%	Sep	2011	David Collins visited Jakarta in September 2011 to collect information and develop a initial design for rolling out the tool. The workshop was held with NTP members and partners and the results were used in the design. The roll-out activities are planned for APA 2
Strengthened HR capacity	6.3.1	Empower Provincial Training Team (PTT)	WHO	13,483	Postponed	Oct	2011	Planned to be carried out in first quarter of 2012 and to be adjusted with NTP's schedule.
	6.3.2	Support operation of TA	WHO	44,301	100%	Sep	2011	Implemented for GOE and printing of JEMM TB Report.
	6.3.3	International meeting/workshop	WHO	5,650	100%	Jan	2012	Dr. Tri Nugroho (National Training Centre - BPPSDM) participated in HR Management Course, Kuala Lumpur, Malaysia, 28 November - 3 December 2011.
	6.3.4	Develop data base for the trainees and post training evaluation.	WHO	10,517	Postponed	Oct	2011	Planned to be carried out in first quarter of 2012 and to be adjusted with NTP's schedule.
	6.3.5	Translation of WHO's HRD guideline	WHO	642	100%	Apr	2011	Completion of translation of RAN (TB HRD National Workplan) from Indonesian language into English.
	6.3.6	Facilitate coordination between NTP and BPPSDM	WHO	4,109	Postponed	Mar	2012	Planned to be carried out in first quarter of 2012 and to be adjusted with NTP's schedule.
	6.3.7	Mentoring implementation of HR plans	WHO	3,852	Postponed	Mar	2012	Planned to be carried out in first quarter of 2012 and to be adjusted with NTP's schedule.
	6.3.8	External TA to finalize TB HRD in strategic plan and TB HRD action plan	WHO	7,345	100%	Sep	2011	Ms Karin Bergstrom (WHO HQ) visited in May incorporated into the general of TB HRD plan.
	6.3.9	Internal TA for HRD activities	WHO	37,752		Dec	2011	Implemented for salary and travel for existing National Consultants during NCE.
	6.3.10	General Office Expenditures	WHO	8,989	100%	Sep	2011	GOE implemented.
	6.3.11	General managerial support by TB CARE focal point/project officer	WHO	11,300	100%	Sep	2011	General Managerial (HQ) support implemented
	6.3.12	Technical Expert	WHO	33,900	100%	Sep	2011	Medical Officer (TIP) was in place.
	6.3.14	Training of Trainers for master trainers	The Union	63,433	Postponed	Nov	2011	Workshop to be held in APA2. Budget carried forward to APA2
	6.3.16	Design Standardized TB Curriculum in medical schools in Indonesia	The Union	44,161	Postponed	Sep	2011	Workshop to be held in APA2. Budget carried forward to APA2
	6.3.17	International training/conferences	KNCV	67,126	100%	Sep	2011	East Java PCO and KNCV PPM coordinator, and DTO attended IUTLD Conference of the Union Asia Pacific Region in Hongkong, July 2011. Project Manager attended Conference for Supply Chain Management in Geneva 26 June - 1 July 2011. Country Director attended Workshop on Planning and Decision Making in 19-23 September 2011 in Bangladesh. Drug management TO attended Pharmaceutical Management and Quality Assurance for TB and MDR-TB Workshop in June 2011, in Laos. Drug management TO attended PSM Workshop on Second Line Drug in August 2011 in Srilanka.
	6.3.18	Technical update meeting	KNCV	13,000	100%	Oct	2011	Technical update meeting was done in Jakarta with Jeroen van Gorkum in October 11, 2011.
	6.3.19	Standardize ACDA module and curricula	KNCV	72,330	100%	Jul	2011	In July 2011, the ACDA module and curricula are finalized.
	6.3.20	Develop HR recruitment tool for technical/ supporting staffs in program	KNCV	15,724	cancelled	Sep	2011	This activity has been cancelled by the NTP
	6.3.21	Capacity building for technical staffs	KNCV	25,219	100%	Sep	2011	TBCARE I supported training of 3 PMDT TO in Jakarta. Two MoH staffs and 1 Lab TO were supported for GeneXpert training in Bangalore in October 2011. DM TO was sent to Bangkok for Procurement of Supply Management in October 2011.
					93%			




Outcomes	7. M&E, OR and Surveillance		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
M and E	7.1.1	Monthly coordination meeting	KNCV	10,369	100%	Sep	2011	The TBCARE partnership meeting conducted in monthly basis until September 2011. This meeting was attended by TBCARE partners
	7.1.2	Biannual movev meeting	KNCV	77,273	100%	Sep	2011	During APA1, only one KNCV Internal successfully was conducted on June 9-10, 2011
	7.2.1	Support generating TB data for global report.	WHO	1,027	100%	Dec	2011	Supported for compiling global report.
	7.2.2	Technical assistance to DRS (I)	WHO	7,345	Postponed	Mar	2012	Planned to be carried out in first quarter of 2012 and to be adjusted with NTP's schedule.
	7.2.3	Technical assistance to DRS (II)	WHO	1,541	100%	Nov	2011	Activity was completed for assisting in developing of DRS protocol for sentinel MDR TB surveillance.
	7.2.4	Technical assistance to DRS (III)	WHO	1,027	100%	Dec	2011	Activity was completed for providing technical assistance for pilot sites of DRS sentinel.
	7.2.5	Technical assistance to DRS (IV)	WHO	5,650	Postponed	Mar	2012	Planned to be carried out in Jan-Mar 2012 and to be adjusted with NTP's schedule.
	7.2.6	Provide technical assistance to design and develop protocol for prevalence survey. (I)	WHO	7,345	50%	Mar	2012	Planned to be carried out in Jan-Mar 2012 and to be adjusted with NTP's schedule.
	7.2.7	Provide technical assistance to design and develop protocol for prevalence survey. (II)	WHO	5,650	0%	Mar	2012	Planned to be carried out in Jan-Mar 2012 and to be adjusted with NTP's schedule.
	7.2.8	Observation visit to Cambodia TB prevalence survey	WHO	8,475	0%	Mar	2012	Planned to be carried out in Jan-Mar 2012 and to be adjusted with NTP's schedule.
	7.2.9	Internal TA for Surveillance activities	WHO	35,441	100%	Sep	2011	National Consultant based in Jakarta was in place.
	7.2.10	General Office Expenditures	WHO	1,284	100%	Sep	2011	GOE implemented.
	7.2.11	General managerial support by TB CARE focal point/project officer	WHO	11,300	100%	Sep	2011	General Managerial (HQ) implemented
	7.2.12	Technical Expert	WHO	33,900	100%	Sep	2011	Medical Officer (TIP) was in place.
	7.2.13	Finalize the user's guide and manual of e-TB Manager in English and Bahasa Indonesia to reflect all changes or improvements done to the system after the validation phase is terminated.	MSH	4,514	75%	Sep	2011	Latest functionalities of e-TBM were included and are described in English in the user's manual, and made available for translation in Bahasa. Next steps is to review side by side with PMDT team the results of our regular database evaluation, look at the remaining challenges in data entry and data quality to review the user's manual sections which should be enhanced or extracted to be adapted into SOPs at central and DR-TB sites level
	7.2.14	Support upcoming trainings on SLDs guidelines and e-TB Manager use for the new PMDT sites according to the PMDT expansion plan.	MSH	39,169	100%	Nov	2011	2 work sessions were organized on new functionalities and a specific training given to all DR-TB sites data managers. This resulted in encoding the missing information, reviewing the work process, and defining a dedicated agenda to be respected with clear priorities set within the data manager job attributions to make sure data are correctly encoded, QA data checks conducted, and data completeness as well as timely encoding is ensured at Dr-TB site level. A new Training on e-TBM use was held for all staff of South Sulawesi.
	7.2.15	Train the new local NTP programmer in Java (high quality course), followed by on-the-job training on the database and e-TB manager structures.	MSH	18,783	100%	Sep	2011	Activity completed in November/Dec 2011 - NTP IT focal point took part to a one week training in Rio de Janeiro with a team of 5 programmers. Full training on data structure, tables, system conception were provided, as well as a roadmap defined for future updates, bugs correction and overall system maintenance in country
	7.2.16	Ongoing remote and in-country technical assistance to strengthen the e-TB manager system for SLDs.	MSH	10,888	100%	Sep	2011	Regular data exchange and data analysis comparison between PMDT reported results and patients/SLDs monitoring through e-TBM platform are conducted on a monthly basis, and sent to PMDT- to date 73% of all patients that have been reported by PMDT as drug-resistant are managed by the e-TBM platform, in 5 sites. MSH team is still looking forward to receiving comments on the roadmap proposed for e-TBM implementation and follow-up sent this quarter to partners. when endorsed, this roadmap will fusion with the regular indicators follow-up sheet, to harmonize all aspects fo e-TBM implementation and monitoring.

7.2.17	Provide technical assistance for data extraction and support for data analysis to the NTP in using the e-TB Manager on a regular basis for PMDT monitoring.	MSH	26,719	 75%	Sep	2011	On-going activity. 3 milestones were reached this quarter : 1) successful implementation of the RPROJ Tool, allowing any user to report any bug, request for enhancement etc online and all partners can follow-up on action taken for trouble-shooting, resolution or status of the request with a maximum transparency and agile monitoring, 2) New tools like the tag function was introduced to help in identifying data discrepancies and inconsistencies. 3) A new template with all WHO recommended indicators and specific SLDs indicators has been created in December 2011, and will be distributed for comments in January 2012
7.2.18	Invite Indonesian NTP and PMDT representatives to present their results and experience with e-TB Manager at the next Union workshop organized by MSH to exchange experience with other countries using the e-TB Manager.	MSH	8,285	 100%	Oct	2011	Activity Will be completed in October 2011. Invitation was made in February 2011. Workshop will be held at the Union meeting on the 26 th of October 2011 and Indonesia NTP/PMDT is one of the presenter scheduled in agenda
7.2.19	Organize a workshop with experts on e-surveillance options for Indonesia, including exploring the feasibility of using e-TB Manager as an information system for supporting susceptible TB monitoring and FLDs management.	MSH	64,171	 100%	Sep	2011	Workshop on TB/DR-TB Surveillance was concluded in September 2011. Attended by 36 (19 male and 17 female) participants from NTP, PHO, PI, TB CARE I partners, and PMDT hospital staffs
7.2.20	Protocol development for DRS sentinel surveillance	KNCV	7,851	 100%			TBCARE supported the development of Draft Protocol for Drug Resistance Sentinel (DRS) Survey on September 6-8, 2011 in Jakarta. This meeting was participated by NTP, KNCV, WHO, UNDP and PMDT working group. The draft is available as well as the action plan. The next step of this activity is that NTP and the partners will conduct assessment to 6 provinces (DKI Jakarta, East Java, West Java, South Sulawesi, North Sumatera and Bali) with main objective to obtain new treatment and re-treatment cases to select the health facility units as sentinel sites. The assessment was conducted on September 25 until October 7, 2011.
7.2.21	Socialization of DRS sentinel surveillance protocol	KNCV	5,533	Postponed			Plan to be carried forward due to time limitation
7.2.22	Protocol development for sentinel surveillance for HIV among TB patients	KNCV	20,602	Postponed			Plan to be carried forward due to time limitation
7.2.23	Input TB information system into National Health system	FHI	1,395	 75%	Sep	2011	NTP is selecting consultant to develop module for integration of TB 03 into the pusdatin channel (phase I of the masterplan). FHI provided assistance in the process of integration. Meanwhile, in DKI, FHI supported the integration of TB case-based reporting into JAIS (Jakarta AIDS Information System--a web-based reporting system). FHI supported development of module and modify TB 03 electronic (since the current TB 03 electronic does not record TB-HIV information--- approved by NTP). FHI facilitated training of this new TB-JAIS to the health centers, prisons, PPTI and DHO. Next step is to provide support in the evaluation. All of the activities in DKI were funded by APBD.
7.2.24	Input TB information system into MoL&HR	FHI	954	 60%	Sep	2011	A meeting was held with the head of communication and information subdirector to follow up on Information System in the prison. It was further known that the MoLHR has the web-based reporting system and there is menu for the reporting regarding health information of the inmates, but it is not functional yet. The plan is to advocate for integration of MoLHR TB-HIV reporting into this web-based system.
7.2.25	M&E Officer for developing TB-HIV Information system	FHI	15,037	 100%	Sep	2011	Done. The person was hired in August 2011 and stationed in FHI Country Office.
7.2.26	General Office Expenditures	FHI	27,039	 100%	Sep	2011	Done. These activities were for office rent, communication, utilities, computers,etc
7.2.27	National M&E Officer	FHI	23,471	 100%	Sep	2011	Done. This activity is salary and travel for 1 national M&E officer (see accompanying SOW)

	7.2.28	International TA	KNCV	38,334	100%	Sep	2011	The second mission of Nico Kalisvaart (KNCV consultant for Surveillance and Data Management) on September 13 -23, 2011 to focus on organizing and conducting a 3-days workshop on TB/DR-TB surveillance with results : development plan including the goal , timelines, objectives, the strategy and direction, the needs and requirements (core and optional) as well the contents (indicators) as well as project coordinator (in charge of management of the development) and a Technical Working Group (experts and representatives of all levels) needs to be installed to guide and support the development. The proposed data of the next mission will be on February 2012.
Strengthening the TB research network	7.3.1	Assessment for establishing institutionalized TB research network	KNCV	6,398	Cancelled	Sep	2011	NTP cancelled this activity because TORG has been developed
	7.3.2	Develop database and retrieval method of documentation of Indonesian TB research	KNCV	1,948	50%	Sep	2011	Database and retrieval method for documentation will use website. Content for this website is ready. Procurement for website development is in progress and is planned to finish in January 2012.
	7.3.3	Support basic operational cost of TORG	KNCV	14,568	100%	Sep	2011	The latest Pleno TORG meeting has been conducted for 3 days in regards to discuss GeneXpert Research for data collection (ethical clearance),overview the activities on APA 1 , and next step on APA 2.
	7.3.4	Promote membership to the IUATLD	KNCV	182	Postponed	Jan	2012	This activity is carried forward to APA2, to get longer membership period (1 year, from January 2012)
	7.3.5	Workshop on developing policy brief and effective advocacy of research results	KNCV	13,003	100%	Jun	2011	The workshop on developing policy brief has been conducted in West Java on 22- 25 June 2011. This workshop was attended by 16 people from 8 provincial OR teams from Aceh, W. Sumatera, Jambi, W. Java, DKI, S.E Sulawesi, Bengkulu and Bali. Nine of policy briefs from each OR team has been drafted and participants get the additional knowledge in utilizing the Stata10 as the tool to manage data.
	7.3.6	Workshop and follow up for publication writing and submission for previous OR teams	KNCV	27,131	100%	Aug	2011	The workshop has been conducted on 8- 13 August 2011, with facilitation from KNCV International TA, Marieke Van der Werf and Edine Tiemersma. Participated by OR team from Jambi, Lampung, West Java, Bali and DKI Jakarta. The objective of this workshop is to enhance the OR team capacity , on writing their research proposal to be International Publication.
	7.3.7	Supporting submission of research papers for international conferences and journals.	KNCV	17,045	100%	Sep	2011	KNCV facilitates 4 representative OR team from 4 provinces to attend the IUATLD International Conference in Lille , France on October 2011
	7.3.8	Support book publications and dissemination of selected TB operational research.	KNCV	19,163	75%	Nov	2011	A workshop has been done in Yogyakarta at December 9-12, 2011 to draft the book of TB operational research. The book has been finalized and recently is being layouting and editing. The book will be printed in February 2012 and will be published at TB day 2012.
	7.3.9	Conducting research proposal workshop & facilitating conduction of operational research up to analysis and reporting.	KNCV	99,218	100%	Aug	2011	This workshop has been conducted from 14 to 20 August 2011 in Solo. 3 proposal research has been developed. The research are with topics on ACSM (2 research) and TB in children.
Supported operational research projects in the priority topics	7.4.3	Supporting selected research projects, based on the priority topics.	KNCV	60,633	50%	Aug	2011	Five proposals have been selected to be carried out. Contract and budget revision are in progress. Researches will begin in February 2012.
	7.4.4	Workshop preparation for IPT OR	FHI	7,530	25%	Sep	2011	A series of activities were conducted in this quarter: 1. Coordination meeting: FHI provided TA in the meeting conducted by NTP with GF budget. In the meeting, it was agreed that to speed up the IPT implementation process, NTP is not going to conduct OR, instead, an implementation pilot. 2. Assessment for the pilot sites: FHI drafted the assessment tools. The assessments done by national core team took places in 3 ART hospitals in Jakarta, and 2 hospitals in West Java. 3. First workshop to review the IPT technical guideline and M&E tools that were drafted by FHI was conducted. The budget was from TB CARE. Participants were: 1 M, 9 F, from NAP, NTP, WHO and FHI. Next step is to support NAP and NTP to finalize the guidelines and M&E tools training and
	7.4.6	International TA	KNCV	29,248	100%			Marieke van der Werf provided international TA in 8-13 August 2011 for international publications writing in Depok for 5 OR teams with Edine Tiemersma. Edine facilitated OR workshop in Solo for the development of OR proposal in 14-20 August 2011. Marieke also provided assistance for HAIN test phase 2, HAIN test sequencing and HAIN test for MDR SL research.
					86%			

Outcomes	8. Drug supply and management		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
Uninterrupted supply of quality TB drugs and commodities	8.1.1	Participation in the Manila Global Fund meeting as a PSM advisor for the NTP	MSH	11,622	 100%	Jun	2011	Grant negotiations for SSF (Round 8, phase two & 10) conducted with GFATM in Jakarta, June 2011. Redrafting of PSM plan completed. Grant was signed, August 2011. Country Profile (for TB) was completed, & final submission due from WHO to GFATM, by 31st October 2011.
	8.1.2	Develop a strategic framework and long-term action plan for drug management activities.	MSH	161,194	 50%	Sep	2011	Initial draft circulated to TB PSM stakeholders and then revised as a basis for identifying and confirming partners to the task. Significant recent initiatives to be factored into an overall plan now include the Round 10 HSS GFATM grant, the AusAID HSS project & the development of the exit plan. Dialogue with local TBTEAM focal person & GDF has been initiated/ revisited. Liaison ongoing with responsible GDF Country Manager (Nigor Muzafarova, SEARO). Decision to be taken regarding conduct (or otherwise) of early 2012 annual in-country monitoring mission (with associated recommendation arising) in consultation with arrival of interim WHO/TB Medical Officer, due late January 2012
	8.1.3	Conduct supervisory visits with NTP and BINFAR (2) and provide TA on improving supervision, including planning, mentoring and follow-up.	MSH	22,920	 25%	Sep	2011	This initiative will now be incorporated into the Provincial and District level warehouse capacity building project (as per APA2), which will follow-on from the national level warehouse assessment due to commence, February 2012. This has been formally agreed with the other SCM stakeholders.
	8.1.4	Shorten the customs clearance process time of all imported commodities either by advocating for a revision of customs clearance procedures/policies and/or assign imports to an NGO for importation.	MSH	21,852	 75%	Sep	2011	New NTP appointee briefed, November 2011. No immediate follow-up needed, but the clearance processes need to be overseen on an ongoing basis. Design and production of SOPs, by new staffer (re) proposed to NTP.
	8.1.5	Provide TA to ensure the good storage and distribution of all Provincial and District Public Health commodity warehouses.	MSH	19,170	 25%	Sep	2011	New NTP appointee briefed, November 2011. No immediate follow-up needed, but the clearance processes need to be overseen on an ongoing basis. Design and production of SOPs, by new staffer (re) proposed to NTP.
	8.1.6	Assist NTP & MoH/Pharmacy to design a system to encourage the proper use of TB drugs used in the private medical/pharmacy sector.	MSH	20,321	 25%	Sep	2011	Producing a graphic mapping private sector stakeholders and linkages planned next quarter as lead-in to identifying a more meaningful TBCARE role.
	8.1.7	Continue to provide technical assistance for revision and finalization of the GF Round 10 PSM plan.	MSH	47,623	 100%	Sep	2011	Activity completed in June 2011. Grant signing completed August 2011; also, drug management component of Country Profile drafted, April 2011 & redrafted with new template, August 2011. Final submission due to be prepared by WHO and submitted by NTP, October 2011
	8.1.8	Assist the NTP in finalizing and signing a contract for storage and distribution of donated imported TB medications and testing materials	MSH	20,511	 75%	Sep	2011	Potential suppliers identified & evaluation mechanism designed. Site visits and supplier selection outstanding. Evaluation tool designed with NTP and KNCV. Joint KNCV/NTP supplier inspection/evaluation site visits ongoing, January 2012.
	8.1.9	Assist in the coordination of active players who will provide active support to the 3 Indonesian TB Drug Manufacturers in meeting WHO pre Qualification status in coordination with USP and the NTP.	MSH	17,830	 25%	Sep	2011	Meeting with senior USP personnel conducted in Bangkok, December 2011 but TBCARE role in project yet to be defined. Linkages with TBCARE role in related QA procedures, notably at POE, to be reviewed.
	8.1.10	Drug quality Assurance	KNCV	48,682	 75%	Nov	2011	11 Oct assisting NTP in "Mechanism of QA sampling method of FLD" in Jakarta, participants: BPOM, Binfar, NTP, Litbangkes, and TBCTA. Result draft sampling method and amount of TB drugs that will be used in QA testing. 15 Oct again. Result: final sampling method and amount of TB drugs that will be used in QA testing. Drugs has been collected from field will be handed to FDA to be tested in January 2012
	8.1.11	Printing and Distribution Standard Operating Procedure for Logistict Book	KNCV	11,080	 100%	Sep	2011	SOP for Logistic has been finalized by NTP with assistance from TBCARE in August 14-15, 2011 in Jakarta. This meeting was attended by participants from NTP, UNDP and TBCTA. SOP has been finalized for central, provincial and district level. Printing in Indonesian version will be done with UNDP budget, translation into and printing in English version will be funded by TBCARE

	8.1.12	Warehouse Management Assessment	KNCV	2,125	cancelled			This activity was cancelled by NTP due to limitation of output to the programe. Warehouse Management is under responsibility of Pharmaceutical and Medical devices Directorate, not CDC Directorate.
	8.1.13	Pharmacist Training	KNCV	45,478	 25%			TB Logistic Management Training for pharmacists in Palembang (South Sumatera) was done with fund from GF while TBCARE assisted as Facilitator. Participants : All Districts and Provincial Wasors in South Sumatera. Results : Pharmacist at district and Provincial level has been trained and improving collaboration between TB staff programe with Pharmacists. Pharmacist training in SLD itself could not be done since the training follows PMDT expansion (See technical area 4)
	8.1.14	Logistic Training	KNCV	14,446	 25%	Sep	2011	To date, TBCARE has participated in global workshop in Procurement and Supply Chain Management in Colombo in September 2011 for SLD.
	8.1.15	Supervision to Province and District	KNCV	38,250	 50%			TB drugs quality supervision was done in provincial health offices, district health offices and public health centers in 7 provinces (West Kalimantan, South Sulawesi, East Java, West Java, Papua, North Sumatra, West Nusa Tenggara). This activity was done with the TB drugs sample collection for QA.
	8.1.16	Develop SOP Book for Second Line Drug	KNCV	10,411	 100%	Sep	2011	SOP book was finalized by NTP and Partners in September 2011. The next step after this activity is to print and distribute the books to Province and District
	8.1.17	Revise Training Modul SLD	KNCV	10,423	Cancelled	Sep	2011	This activity could not be done because of time constraint
	8.1.19	Obtain Government Support to Improve Custom Clearance Process and Assist Documentation of SLD Side Effects Reporting	KNCV		 100%	Sep	2011	Assist NTP on custom cleaaance process for FLD (100.000 kits) and SLD (E 213696 tab,Z 207.000 tab, Km 7450 vial, Cap 4402 vial,Levo 151900, Eth 329.400 tab, Cs 327.400 tab, PAS 9510 Sach, B6 437000 tab) all drugs was released on 26 September 2011.
	8.1.20	Operational Cost for Drug Management Activities to Support NTP	KNCV	5,234	 50%	Sep	2011	Supervision to ensure implementation of logistics system has been done in 7 provinces but no coordination meeting was held using this activity budget (See Activity 8.2.7)
Improved DMIS	8.2.1	Placement of a full-time drug management expert in country	MSH	3,408	 100%	Mar	2011	Andrew Marsden was placed as drug management expert in country and now is still ongoing
	8.2.2	Support the use of e-TB manager to track the use of second line medications and to use this data for quantification of future medication needs.	MSH	13,702	 25%	Sep	2011	Regular data exchange and data analysis comparison between PMDT reported results and patients/SLDs monitoring through e TBM platform are conducted on a monthly basis, and sent to PMDT- to date 73% of all patients that have been reported by PMDT as drug-resistant are managed by the e-TBM platform, in 5 sites.
	8.2.3	Monitor drug stocks of provinces/districts on a monthly basis as an early warning monitoring system. Create competition between districts for stock out and manual reporting information.	MSH	4,149	 0%	Sep	2011	MSH will support the addressing of the TGF's Special Term and Condition relating to recording and reporting through inputs to the NTP's ongoing LMIS/patient data reporting project.
	8.2.4	Conduct workshop for the Pharmacists Association (IAI) to discuss proper, standard TB treatment and to provide technical assistance to IAI on disseminating this information to their member pharmacies.	MSH	35,781	 100%	Nov	2011	IAI workshop was superceded by an invitation for the NTP to speak at the IAI annual conference held in November 2011. The private sector stakeholders in drug management in anticipation of identifying weaknesses and priority areas is being done. (See Activity 8.2.9)
	8.2.5	Workshop e-TB Manager	KNCV	19,031	Cancelled			This activity could not be done because this activity follows PMDT expansion, while during 2011 there was no PMDT area expansion
	8.2.6	Training e-TB Manager on MDR TB	KNCV	21,957	 100%	Sep	2011	Updated training e-TB Manager was conducted for data officer from referral hospitals (4 hospitals) in 19 September 2011 and IT team (3 persons) from NTP in 13-14 September 2011. The training was delivered by Luis Fernando and Joel.
	8.2.7	Regular Meeting with NTP	KNCV	3,188	Cancelled			During the program implementation, regular meeting was not considered required

8.2.9	Workshop for Pharmacist Association to Discuss standard TB treatment.	KNCV	17,253	 100%	Oct	2011	A meeting was supported by TBCARE between Indonesian Pharmacist Association (IPA) and NTP to prepare materials for IAI workshop in TB control program. The workshop was held in 19-20 October 2011, attended by participants from IAI central and representative from Jakarta, Banten, Central Java, West Java, East Java, DIY, Bali, West Kalimantan, Riau Islands, South East Sulawesi, West Nusa Tenggara, and Lampung, APTFI, Binfar, IDI, PT. Kimia Farma, NTP and TBCTA. This meeting results in agreement among IAI, NTP, and Binfar in TB control program, an action plan for IAI regarding TB control program and establishment of network among stakeholders. The action plan will be followed up by PPM team.
8.2.10	Refrigerator	KNCV	7,955	 100%	Sep	2011	Refrigerator for 4 reference PMDT hospitals was procured.
8.2.11	Drugs Box	KNCV	2,273	 100%	Sep	2011	Drug bos for 4 reference PMDT hospitals was procured

 66%

Quarterly Activity Plan Modifications

Request for Cancellation or Discontinuation of Activities											
Approved By (write dates)			Old Code	1. Universal and Early Access		Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID		Activities from the Work Plan							
			1.3.15	Develop standard of TB care in hospital		WHO	14,190		To be determined with NTP, USAID Mission and Partners		
			1.3.16	Training for TB DOTS accreditation surveyors		WHO	23,438		To be determined with NTP, USAID Mission and Partners		
			1.3.17	Try out of TB DOTS accreditation instrument.		WHO	3,392		To be determined with NTP, USAID Mission and Partners		
			1.3.24	Workshop on ISTC		WHO	11,032		To be determined with NTP, USAID Mission and Partners		
Approved By (write dates)			Old Code	2. Laboratories		Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID		Activities from the Work Plan							
			2.1.7	Training smear microscopy for lab technician in selected hospitals		KNCV	25,641		To be determined with NTP, USAID Mission and Partners		
Approved By (write dates)			Old Code	3. Infection Control		Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID		Activities from the Work Plan							
			3.3.3	Support revision of TB-IC managerial and technical		KNCV	9,858		To be determined with NTP, USAID Mission and Partners		
			3.3.4	Meeting to develop TB-IC regulation.		KNCV	6,449		To be determined with NTP, USAID Mission and Partners		
Approved By (write dates)			Old Code	4. PMDT		Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID		Activities from the Work Plan							
			4.1.4	PMDT Preparation meeting at hospital		KNCV	1,527		To be determined with NTP, USAID Mission and Partners		
Request for Cancellation or Discontinuation of Activities											
Approved By (write dates)			Old Code	6. Health Systems		Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID		Activities from the Work Plan							
			6.3.20	Develop HR recruitment tool for technical/ supporting staffs in program		KNCV	15,724		To be determined with NTP, USAID Mission and Partners		
			6.3.9	Internal TA for HRD activities		WHO	37,752		To be determined with NTP, USAID Mission and Partners		
Request for Cancellation or Discontinuation of Activities											
Approved By (write dates)			Old Code	7. M&E, OR and Surveillance		Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID		Activities from the Work Plan							
			7.3.1	Assessment for establishing institutionalized TB research network		KNCV	6,398		To be determined with NTP, USAID Mission and Partners		
Request for Cancellation or Discontinuation of Activities											
Approved By (write dates)			Old Code	8. Drug supply and		Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID		Activities from the Work Plan							
			8.1.3	Conduct supervisory visits with NTP and BINFAR (2) and provide TA on improving supervision, including planning, mentoring and follow-up.		MSH	22,920	8.1.5	Provide TA to ensure the good storage and distribution of all Provincial and District Public Health commodity warehouses.	MSH	42,091
			8.1.12	Warehouse Management Assessment		KNCV	2,125		To be determined with NTP, USAID Mission and Partners		

* Detailed budget is attached

Request for Postponement of Activities to Next Year						
Approved By (write dates)			Old Code	1. Universal and Early Access	Lead Partner	Remaining Budget
Mission	PMU	USAID		Activities from the Work Plan		
			1.1.1	Improve DOTS in 4 low performance provinces	WHO	39,550
			1.3.1	Training of supervisory skills to HDL supervisors.	WHO	33,772
			1.3.2	Quarterly periodic visit by HDL supervisors to assist hospitals deliver quality services.	WHO	4,494
Approved By (write dates)			Old Code	2. Laboratories	Lead Partner	Remaining Budget
Mission	PMU	USAID		Activities from the Work Plan		
			2.1.1	Development of Microscopic SOP according to TBCAP lab tools	KNCV	5,633
			2.1.3	LQAS workshop for East Java province	JATA	20,932
			2.1.5	LQAS workshop in 2 new provinces	KNCV	48,335
			2.1.12	Establish intermediate laboratory in 3 provinces	KNCV	9,455
			2.2.1	Strengthen capacity of NTP and lab staff	WHO	19,775
			2.2.2	Coordination of Lab network among NTP, Lab Division-MoH, TBCARE partners and EXPAND-TB	WHO	3,390
			2.2.3	Coordination of Lab network among NTP, Lab Division-MoH, TBCARE partners and EXPAND-TB	WHO	18,106
			2.2.4	Coordination of Lab network among NTP, Lab Division-MoH, TBCARE partners and EXPAND-TB	WHO	10,170
			2.2.6	Develop culture/DST SOP according to TBCAP lab tools	KNCV	5,677
			2.2.7	July 2011-September 2011	KNCV	5,677
			2.2.13	Supervision/assessment for expansion of culture/DST labs	KNCV	3,852
Approved By (write dates)			Old Code	3. Infection Control	Lead Partner	Remaining Budget
Mission	PMU	USAID		Activities from the Work Plan		
			3.2.4	TBIC assessment	FHI	1,050
Approved By (write dates)			Old Code	4. PMDT	Lead Partner	Remaining Budget
Mission	PMU	USAID		Activities from the Work Plan		
			4.1.1	TA on incorporation of new rapid diagnostics in national PMDT	WHO	10,170
			4.2.1	Support the expansion and quality improvement of PMDT	WHO	37,752
			4.2.2	Pre assessment meeting	WHO	5,008
			4.2.3	Assessment to newly selected sites (6 sites)	WHO	11,557
			4.2.5	Post assessment meeting	WHO	18,902
			4.2.7	International meeting/ workshop	WHO	6,780
			4.2.8	International PMDT training & study visit	WHO	11,865
			4.2.9	PMDT clinical audit	WHO	12,199
			4.2.10	PMDT clinical audit : Follow up (I)	WHO	7,705
			4.2.11	PMDT clinical audit : Follow up (II)	WHO	5,136
			4.2.12	Develop MDR-TB counseling and case management	WHO	7,705
			4.2.13	External TA coordination and evaluation (I)	WHO	5,136
			4.2.14	External TA coordination and evaluation (II)	WHO	7,345
			4.2.16	PMDT Monev meeting national level	WHO	20,545
			4.2.47	Site preparation in hospitals	KNCV	22,727
			4.2.54	October 28th, 2011	KNCV	15,788
Approved By (write dates)			Old Code	6. Health System Strengthening	Lead Partner	Remaining Budget
Mission	PMU	USAID		Activities from the Work Plan		
			6.1.3	Workshop / course on influencing, networking and Partnership	The Union	58,830
			6.2.1	Leadership and programe management training in low DOTS performance provinces and districts.	WHO	28,250
			6.3.1	Empower Provincial Training Team (PTT)	WHO	13,483
			6.3.3	International meeting/workshop	WHO	5,650
			6.3.4	Develop data base for the trainees and post training evaluation.	WHO	10,517
			6.3.6	Facilitate coordination between NTP and BPPSDM	WHO	4,109
			6.3.7	Mentoring implementation of HR plans	WHO	3,852
			6.3.16	Design Standardized TB Curriculum in medical schools in Indonesia	The Union	44,161

Approved By (write dates)			Old	7. M&E, OR and Surveillance	Lead	Remainin
Mission	PMU	USAID	Code	Activities from the Work Plan	Partner	g Budget
			7.2.3	Technical assistance to DRS (II)	WHO	1,541
			7.2.4	Technical assistance to DRS (III)	WHO	1,027
			7.2.5	Technical assistance to DRS (IV)	WHO	5,650
			7.2.7	Provide technical assistance to design and develop protocol for prevalence survey. (II)	WHO	5,650
			7.2.8	Observation visit to Cambodia TB prevalence survey	WHO	8,475
			7.2.21	Socialization of DRS sentinel surveillance protocol	KNCV	5,533
			7.2.22	Protocol development for sentinel surveillance for HIV among TB patients	KNCV	20,602
			7.3.4	Promote membership to the IUATLD	KNCV	182
Approved By (write dates)			Old	8. Drug supply and	Lead	Remainin
Mission	PMU	USAID	Code	Activities from the Work Plan	Partner	g Budget
			8.1.5	Provide TA to ensure the good storage and distribution of all Provincial and District Public Health commodity warehouses.	MSH	19,170
			8.1.13	Pharmacist Training	KNCV	45,478
			8.1.15	Supervision to Province and District	KNCV	38,250
			8.1.17	Revise Training Moduel SLD	KNCV	10,423
			8.2.5	Workshop e-TB Manager	KNCV	19,031
			8.2.7	Regular Meeting with NTP	KNCV	3,188

Request for Adding New Activities to the Current Work Plan						
Approved By (write dates)			New	2. Laboratories	Lead	Proposed
Mission	PMU	USAID	Code	Proposed New Activities	Partner	Budget*

* Detailed budget is attached

Quarterly GeneXpert Report

Country	Indonesia	Period	October-December 2011
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Table 1: GeneXpert instruments and cartridges procured or planned by quarter

	Procured			# still planned for procurement in APA 2	Month, Year procurement planned (i.e. April 2012)
	Jan-Sep 2011	Oct-Dec 2011	Jan-Dec 2011		
# GeneXpert Instruments	17	0	17	0	0
# Cartridges	1700	0	1700	0	0

Table 2: Cumulative List of GeneXpert Instruments Procured to Date or Planned in the Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Instrument	# of Modules (1, 2, 4, or 16)	Location(s) (facility name & city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Partner/ Implementing Organization; Additional Comments
Procured	1	4	Microbiology, FM UI, Jakarta	USAID	Partner: KNCV TBCARE
Procured	2	4	Persahabatan Hospital, Jakarta	USAID	Partner: KNCV TBCARE
Procured	3	4	Pengayoman Hospital, Jakarta	USAID	Partner: KNCV TBCARE
Procured	4	4	Hasan Sadikin Hospital, Bandung	USAID	Partner: KNCV TBCARE
Procured	5	4	Soetomo Hospital, Surabaya	USAID	Partner: KNCV TBCARE
Procured	6	4	Moewardi Hospital, Solo	USAID	Partner: KNCV TBCARE
Procured	7	4	Saiful Anwar Hospital, Malang	USAID	Partner: KNCV TBCARE
Procured	8	4	Labuang Baji Hospital, Makassar	USAID	Partner: KNCV TBCARE
Procured	9	4	BBLK Surabaya	USAID	Partner: KNCV TBCARE
Procured	10	4	BLK Bandung	USAID	Partner: KNCV TBCARE
Procured	11	4	Karyadi Hospital, Semarang	USAID	Partner: KNCV TBCARE
Procured	12	4	Cilacap Hospital, Cilacap	USAID	Partner: KNCV TBCARE
Procured	13	4	Sanglah Hospital, Bali	USAID	Partner: KNCV TBCARE
Procured	14	4	NEHCRI Lab, Makassar	USAID	Partner: KNCV TBCARE
Procured	15	4	Microbiology, FM UGM, Yogyakarta	USAID	Partner: KNCV TBCARE
Procured	16	4	Adam Malik Hospital, Medan	USAID	Partner: KNCV TBCARE
Procured	17	4	BLK Papua, Jayapura	USAID	Partner: KNCV TBCARE

¹ Differentiating between PEPFAR and USAID-funded is important. If it is PEPFAR funded, specify the fiscal year (i.e. FY2011).

Table 3: Cumulative Xpert MTB/RIF Cartridges Procured to Date or Planned for Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Order #	# of Cartridges*	Location(s) (facility name and city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Comments
Procured	1	1700	TBD	USAID	
	2				
	3				
	4				
	5				

*There are 10 cartridges per kit, but we need the total # of **cartridges** (not kits)

Any additional information/clarifications to the above (optional)

1st phase of GeneXpert implementation will be conducted in the first 6 sites (site # 1-6) as listed above

Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) and Xpert MTB/RIF cartridges

Implementation of GeneXpert is not yet started

Please describe technical assistance or evaluation of implementation activities performed and planned.

External technical assistance by PMU TBCARE I and Supranational TB reference lab (IMVS/SA Pathology, Australia)

Quarterly Photos (as well as tables, charts and other relevant materials)

NO	TECHNICAL AREAS	PROGRESS/ PHOTOS CAPTURED	
1	Universal Access	TB Screening in Cipinang Detention Center	
2	Universal Access	Clinical mentoring for prison staffs in DKI Jakarta	
3	Universal Access	HDL Training for Physicians and Nurses in Pengayoman Hospital. For preparing GeneXpert and PMDT satellite	
4	Laboratories	OJT for EQAS in Papua Provincial Health Laboratory	
5	TB-HIV	FGD for TB-HIV IEC development in Papua	
6	Drug Management	Sample collection for Drug Quality Assurance in Drug Warehouse in Maros, South Sulawesi	